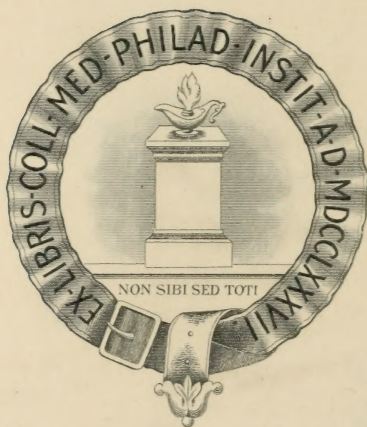


Suppl. wants pp. 1-268, 473 et seq.

48217



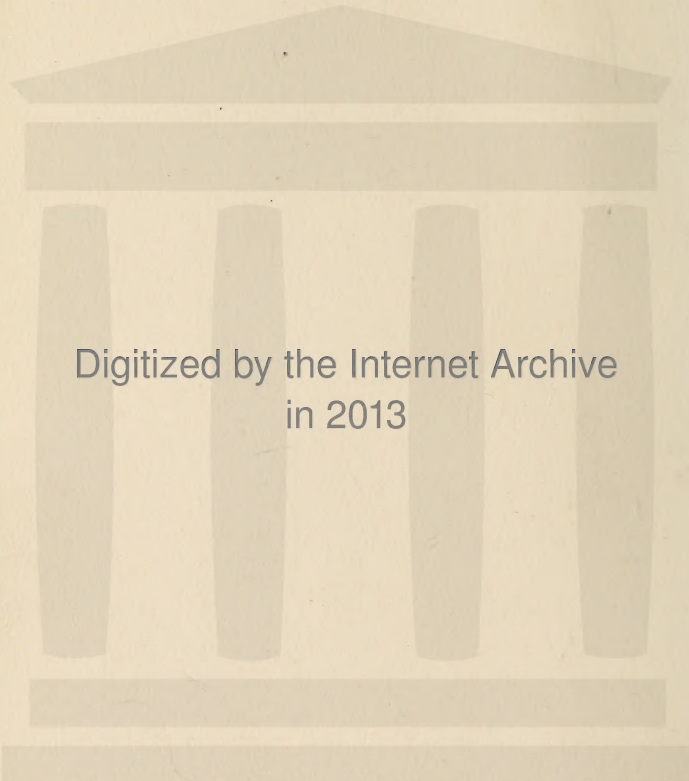
Class _____ No. _____

Presented by

IN EXCHANGE.

2710.

8.2



Digitized by the Internet Archive
in 2013

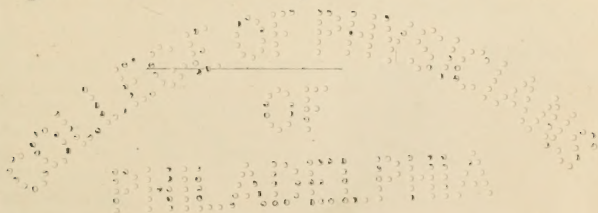
THE

Kuhnemannian Monthly.

VOLUME ELEVENTH.

FROM AUGUST, 1875, TO JULY, 1876.

ROB'T J. McCLATCHEY, M.D., EDITOR.



PHILADELPHIA:

BOERICKE & TAFEL,

No. 125 SOUTH ELEVENTH STREET.

THE UNIVERSITY OF CHICAGO
LIBRARY

INDEX

TO THE

HAHNEMANNIAN MONTHLY.

VOLUME ELEVENTH, 1875-1876.

	PAGE
Abdominal Pain,	12
Acne produced by Bromide of Potassium,	505
Aconite as a Febrile Remedy. By H. V. Miller, M.D.,	453
contraindicated in Typhoid Fever,	558
Albany Homœopathic Hospital,	287
Albuminuria. By M. M. Walker, M.D.,	337
Albuminuria,	350
Allopathic Provings of Apis,	506
Ante-partem Treatment of Women. By A. M. Piersons, M.D.,	469
Arsenicum, A Study of. By A. Chargé,	402
Baker, J. F., M.D., Forty Years' Practice,	567
Baptisia in Typhoid Fever,	551
and Gelseminum Compared. By H. V. Miller, M.D.,	555
Experience with. By L. B. Wells, M.D.,	566
Bedbug, The. By J. P. Dake, M.D.,	311
By T. F. Allen, M.D.,	400
Bell., Hyos. and Stram. Compared. By T. M. Strong, M.D.,	2
A Glance at the Relations of. By J. T. Green- leaf, M.D.,	7
By M. A. Garrison, M.D.,	9
Discussion on,	10
Berridge, E. W., M.D., A Reply to Dr. Dake on the Cimex,	473
Individualization vs. Generalization,	308
Bigler, W. H., M.D., Constitutions and Constitutional Treatment,	167
Borax in Membranous Dysmenorrhœa. By C. S. Middleton, M.D.,	523
for Indifference to Coitus,	234
Brewster, A. H., M.D., Indications for Remedies in Typhoid Fever,	561
Bufo in Epilepsy. By E. M. Hale, M.D.,	215
Bureau of Inquiry,	280, 381, 533
Cactus grand., Experience with. By Drs. McGeorge and Tuller,	507
Discussion on,	585
Camphor as a Cure for Cholera. By Dr. Rubini,	575
Carruth, The Case of, Post-mortem in,	191
Caruthers, R. E., M.D., Hom. Med. Soc. of Alleghany County,	531
Carbuncle, Caustic Potash in. By J. G. Streets, M.D.,	515
Cases Confirming Symptoms. By E. A. Farrington, M.D.,	169
Cause of the Delay, The,	591
Cerebral Remedies, Analytical Comparison of. By H. V. Miller, M.D.,	98
Discussion on,	102
Cervix, Mechanical Disorders of the. By J. C. Morgan, M.D.,	165
Chargé, A., M.D., Treatment of Dyspepsia,	459
Children, Importance of Treatment of,	316
Chloral, Proving of. By F. Oehme, M.D.,	58
Cholera Cured by Camphor alone. By Dr. Rubini,	575
Choroiditis Serosa, Gelsem. in. By George S. Norton, M.D.,	156

	PAGE
Cimex, Provings of, A Reply to Dr. Dake. By Dr. Berridge,	473
Cinchona and Chininum. By Dr. W. Sorge,	275
Coition, Indifference to, Borax for,	234
Comparative Results in Homœopathic and Allopathic Hospitals,	138
Comparison of Bell., Hyos. and Stram. By T. M. Strong, M.D.,	2
Conium for Mammary Tumors,	352
Constitutions and Constitutional Treatment. By W. H. Bigler, M.D.,	167
Cooper, J. F., M.D., Observations and Reflections on Pharmacy,	193
Cornea, Opacity of the, Cure of,	568
Corrosive Sublimate Poisoning. By S. C. Warren,	104
Criticism, A. By H. V. Miller, M.D.,	310
Cundurango in Mammary Scirrhus,	353
Cyclamen Europœum. By J. Strupp,	132
Dake, J. P., M.D., "The Bedbug,"	311
The Methods of Materia Medica, etc.,	494
Dr. Berridge on the Cimex,	545
Debility, China and Arsenic in,	352
Delirium,	13
Diphtheria. By the Berlin Medical Society,	130
A Fatal Case of,	234
Remedies for,	267
Diphtheritic Croup,	16
Deschere, M., M.D., Limit of Physiological Interpretation of Symptoms,	254
Diabetes. By M. M. Walker, M.D.,	172
Diet in,	269
Discussion on,	270
Diarrhœa, Remedies for,	526
Disease Tendency,	530
Drugs the Producers of Disease. By Prof. Hausmann,	160
Dudley, Pemberton, M.D., Shall we Generalize?	145
Dunham, Carroll, M.D., Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose,	433
A Letter from,	57
Dysmenorrhœa, Borax in Membranous. By C. S. Middleton, M.D.,	523
Remedies for,	524
Dyspepsia, Treatment of. By Dr. A. Chargé,	459
Ear, Diseases of the, Puls. and Tell. in. By H. C. Houghton, M.D.,	159
Pulsatilla in. By George S. Norton, M.D.,	262
Editorial Notes,	138, 191, 236, 284, 382, 476, 586
Enlargement of Tonsils, Remedies for Chronic,	527
Epilepsy, Bufo in. By E. M. Hale, M.D.,	215
A Case of,	260
Epithelioma,	315
Farrington, E. A., M.D., Cases Confirming Symptoms,	169
Febrile Remedies, Discussion on,	456
Fiftieth Anniversary of Introduction of Homœopathy into America,	141
Fistula in Ano. By A. R. Thomas, M.D.,	201
Garrison, Mary A., M.D., Uses of Gelseminum,	565
Gelseminum in Choroiditis Serosa,	156
in Typhoid Fever,	551
and Baptisia Compared. By H. V. Miller, M.D.,	555
Case of Poisoning by,	563
Experience with. By S. Seward, M.D.,	564
Uses of. By Mary A. Garrison, M.D.,	565
Experience with. By L. B. Wells, M.D.,	566
Goitre,	527
Greenleaf, J. T., M.D., Glance at Relations of Bell., Hyos. and Stram.,	17
Spinal Remedies characterized,	450
Bapt. and Gelsem. in Typhoid Fever,	551

	PAGE
Guernsey, J. C., M.D., Chronic Rheumatism,	80
H. N., M.D., Pathology and Treatment of Hæmorrhages,	241
Guernsey's Obstetrics and its English Critic,	281
Hæmorrhoids, Remedies for,	525, 563
Discussion on Treatment of,	473
Hahnemann Club of Philadelphia,	522
Academy of Medicine of New York,	49, 254, 285, 469
Medical College of Philadelphia,	384, 589
and Schuessler. By Adolph Lippe, M.D.,	398
Hale, Edwin M., M.D., Bufo in Epilepsy,	215
Hamamelis, Boericke & Tafel's Extract of,	382
Hausmann, Prof., Drugs the Producers of Disease,	160
Hawley, L. B., M.D., Hydrothorax and Anasarca,	129
Headache,	16
Hæmorrhages, Pathology and Treatment of. By H. N. Guernsey, M.D.,	241
Discussion on Treatment of,	271
Hering, Constantine, M.D., Jubilee of,	423
Hernia, Cure of, with Remedies. By J. F. Baker, M.D.,	567
Hills, Alfred K., M.D., Limit of Physiological Interpretation of Symptoms,	51
Homœopathy in New York City,	181
Is it to be governed by Principles or Opinions? By Adolph Lippe, M.D.,	321
in its Scientific Aspect. By Dr. Sorge,	354
in Michigan,	479
Homœopathic Life Insurance,	237
Med. Society of Alleghany Co., Pa.,	363, 531
California,	235
Central New York,	1, 97, 349, 450, 548
County of New York,	288
Delaware,	288
New York State,	285
Pennsylvania,	45, 236
Philadelphia,	73, 268, 313
Tennessee,	236
Vermont,	65, 478
West Jersey,	65, 478
Hoopes, Levi, M.D., Menorrhagia and Metrorrhagia,	122
Houat's Provings,	45
Houghton, Henry C., M.D., Puls. and Tell. in Diseases of the Ear,	159
Hydrothorax and Anasarca. By L. B. Hawley, M.D.,	129
Hygiene of Lung Exercise. By A. C. Rembaugh, M.D.,	429
Hyoscyamus Symptoms Cured by Stram.,	106
Hysteria,	13
Individualization. By A. Korndærfer, M.D.,	517
vs. Generalization. By E. W. Berridge, M.D.,	308
Infantile Vomiting, How to Distinguish,	382
Influence of the Mind on the Fœtus. By Charles A. Stevens, M.D.,	166
Insane, Peculiar Treatment of. By C. S. Middleton, M.D.,	170
Insanity Alternating with Paralysis,	107
Intermittents, Characteristics for,	351
Iodine. By Dr. Sorge,	354
James, Bushrod W., M.D., Hahnemann Club of Philadelphia,	522
Homœopathic Med. Society of Philadelphia,	73
Notabilia,	74, 268, 313
Rest as a Remedy,	211
Weather Provings,	74, 268, 314, 528
Kali bichromicum, Provings of. By G. Oehme, M.D.,	58
Korndærfer, A., M.D., Individualization,	517

	PAGE
Korndorfer, A., M.D., Reply to "Hahnemann and Schuessler,"	398
Labor, A Difficult Case of,	470
Letter from Cuba, A. By José J. Navarro, M.D.,	501
New York, A.,	334
Leucorrhœa. By Wallace McGeorge, M.D.,	67
By H. Amelia Wright, M.D.,	251
in a Child. By M. H. C. Woods, M.D.,	368
Life Insurance and Truth,	282
Lilienthal, S., M.D., Psorinum and Phtheiriasis,	59
Diphtheria,	130
Psorinum,	147
Meeting of the Homœopaths of Berlin,	232
Cinchona and Chininum,	275
Purpura Variolosa,	370
Muscular Rheumatism Cured by Ferrum Phos.,	372
Treatment of Dyspepsia,	459
Limit of the Physiological Interpretation of Symptomatology. By A.	
K. Hills, M.D.,	49
Limit of the Physiological Interpretation of Symptomatology. By M.	
Deschere, M.D.,	254
Limit of the Physiological Interpretation of Symptomatology, Discus-	
sions on,	51, 258
Lippe, Adolph., M.D., Is Homœopathy to be Governed by Principles or	
Opinions?	328
Lippe, Adolph., M.D., Hahnemann and Schuessler,	396
Loquacious Delirium,	12
Ludlam, R., M.D., Pen-portraits of some English Homœopaths,	109
Lycopodium Sporules, Remarks on. I. C. Thompson,	96
Macfarlan, Duncan, M.D., Skin-grafting at Ward's Island,	421
Mania,	13
Marsden, J. H., M.D., Toxæmic Puerperal Diseases,	218
McClatchey, R. J., M.D., Publications Received, 45, 143, 185, 239, 282, 536, 591	
Editorial Notes, 138, 191, 236, 284, 382, 476, 586	
McGeorge, Wallace, M.D., West Jersey Hom. Med. Society,	63, 582
Leucorrhœa,	67
The Homœopathic Materia Medica,	114
Primary and Secondary Symptoms of Drugs	
as Guides in Selecting the Remedy,	385
Medical Luna, The,	533
Mel cum Sale in Prolapsus Uteri,	271
Menorrhagia and Metrorrhagia. By Levi Hoopes, M.D.,	122
Metastasis of Measles,	15
Methods of Mat. Med. and Allen's Encyclopedia. By J. P. Dake, M.D.,	494
Michigan University School of Homœopathy,	288
Middleton, C. S., M.D., Borax in Membranous Dysmenorrhœa,	523
Peculiar Method of Treating the Insane,	170
Miller, H. V., M.D., Hom. Med. Society of Central N. Y., 97, 349, 450,	558
Retrospective and Prospective,	549
Comparison of Baptisia and Gelsemium,	555
Aconite counterindicated in Typhoid Fever,	453
Analytical Comparison of Cerebral Remedies,	98
Criticism of a Discussion at Niagara,	310
Aconite as a Febrile Remedy,	453
Mitchell, J. N., M.D., A Case requiring Premature Labor,	93
Moore, Thomas, M.D., Predisposition and Typhoid Tendency,	481
Morgan, J. C., M.D., Mechanical Disorders of the Cervix Uteri,	165
Navarro, José J., M.D., Experience with "New Remedies,"	501
Nervousness, Platina for,	233
New Rémedies, Experience with. By J. J. Navarro, M.D.,	501

	PAGE
Nitrite of Amyl,	282
Nitrous Oxide, Poisoning by. By H. I. Ostrom,	17
Norton, George S., M.D., Gelsemium in Choroiditis Serosa,	156
Pulsatilla in Diseases of the Eye,	262
Obituary Notices. Jahr, J. H. G., M.D.,	183
Ruddock, E. H., M.D.,	279
Bute, George H., M.D.,	383
Observations and Reflections on Pharmacy. B. J. F. Cooper, M.D.,	193
Oehme, F., M.D., Proving of <i>Sarracenia purpurea</i> ,	535
Chloral and Kali bich.,	58
Ophthalmic Hospital of New York,	237, 288, 382
Orchitis,	200
Ostrom, H. I., M.D., Poisoning by Nitrous Oxide,	17
Over-sensitiveness of Smell, Platina for,	233
Paralysis of the Vagus. By F. Riegel,	133
Pathology and Treatment of Hemorrhages. By H. N. Guernsey, M.D.,	241
Pen-portraits of English Homeopaths. By R. Ludlam, M.D.,	109
Pharmacy, Observations and Reflections on. By J. F. Cooper, M.D.,	193
Phosphorus in Retinitis Albuminurica,	568
Physiological Interpretation of Symptoms, The Limit of	49, 254
Piersons, A. M., M.D., Ante-partem Treatment of Women,	469
Platina, Uses of,	232
Plimpton, C. C., M.D., Hahnemann Academy of Medicine,	254, 469
Pneumonia,	16
Gangrenous, Cured by Lachesis,	261
Predisposition and Typhoid Tendency. By Thomas Moore, M.D.,	481
Pregnancy, Vomiting of, Discussion on,	469
Premature Labor, A Case requiring. By J. N. Mitchell, M.D.,	90
Discussion on,	93
Primary and Secondary Symptoms Defined and Distinguished. By J. P. Dake, M.D.,	372
Primary and Secondary Symptoms as Guides in Selecting the Remedy. By W. McGeorge, M.D.,	385
Primary and Secondary Symptoms as Guides in Determining the Dose. By C. Dunham, M.D.,	433
Prize for a Proving, A,	237
Procidencia of the Gravid Uterus,	318
Proving of Chloral and Kali bich. By F. Oehme, M.D.,	58
<i>Sarracenia Purpurea</i> . By F. Oehme, M.D.,	535
Psorinum. By S. Lilienthal, M.D.,	147
and Phtheiriasis. By S. Lilienthal, M.D.,	59
Publications Received,	45, 143, 185, 239, 282, 536, 591
Puerperal Diseases, Toxæmic. By J. H. Marsden, M.D.,	218
Convulsions, Cuprum in,	349
Discussion on,	472
Purpura Variolosa. By S. Lilienthal, M.D.,	370
Rectal Pains, Platina in,	232
Religious Mania with Loquacity,	11
Platina in,	232
Rembaugh, A. C., M.D., Hygiene of Lung Exercise,	429
Reply to Hahnemann and Schuessler. By A. Korndorfer, M.D.,	398
Rest as a Remedy. By Bushrod W. James, M.D.,	211
Retinitis Albuminurica, Phosphorus in,	568
Rheumatism,	16
Chronic. By J. C. Guernsey, M.D.,	80
Discussion on,	89
Articular, Cured by Ferrum phosph.,	372
Rose of Damascus, The,	269
Rubini Rocco, M.D., Cholera Cured by Camphor alone,	575

	PAGE
Sarracenia purpurea, Provings of. By F. Oehme, M.D., . . .	535
Scarlatina, Suggestions on, . . .	77
Sciatica. By the Alleghany County Medical Society, . . .	19
Schmucker, F. R., M.D., Clinical Cases, . . .	199
Schulz, R., M.D., Urticaria Curable without Medicine, . . .	200
Seward, S., M.D., Experience with Gelseminum, . . .	564
Shall we Generalize? By P. Dudley, M.D., . . .	145
Skin-grafting at Ward's Island Hospital, . . .	421
Sleeplessness, . . .	13
Smith, F. B., M.D., Ledum in Urticaria, . . .	62
Spinal Remedies, . . .	350
Characterized. By J. T. Greenleaf, M.D., . . .	450
Spinants, Discussion on, . . .	452
Stannum Cough, . . .	106
State Medicine in California, . . .	286
Stevens, Charles A., M.D., Influence of the Mind on the Fœtus, . . .	166
Stow, T. Dwight, M.D., Surgical Cases, . . .	570
Strong, T. M., M.D., Comparison of Bell., Hyos. and Stram., . . .	2
Struma, Disadvantages of the Iodine Treatment of, . . .	177
Strychnia as an Antidote to Morphia and Nicotine, . . .	234
Surgical Cases, . . .	570
Squier, E. B., M.D., Clinical Cases, . . .	568
Thomas, A. R., M.D., Fistula in Ano, . . .	201
Thompson, L., Remarks on Lycopodium Sporules, . . .	94
Tonsils, C., Enlargement of the, . . .	527
Toxæmic P., General Diseases, The. By J. H. Marsden, M.D., . . .	218
Typhoid Fever, History of an Epidemic of. By L. H. Willard, M.D., . . .	289
Bap. and Gelsem. in, . . .	551
Discussion on, . . .	553
Aconite contraindicated in. By H. V. Miller, M.D., . . .	558
Indications for Remedies in. By L. H. Brewster, M.D., . . .	561
Ulcers, Varicose, . . .	199
Skin-grafting for, . . .	421
Urine, Examination of the, . . .	280
Urticaria Cured by Ledum. By F. B. Smith, M.D., . . .	62
Curable without Medicine. By R. Schulz, M.D., . . .	200
Uterine Diseases, Treatment of. By W. McGeorge, M.D., . . .	114
Vaccination. By A. K. Hills, M.D., . . .	43
And its consequences. By A. Berghaus, M.D., . . .	36
Varices, Remedies for, . . .	584
Varicose Ulcers, . . .	199
Variola. By S. Woods, M.D., . . .	364
Discussion on, . . .	366
Vomiting of Pregnancy, . . .	469
Ward's Island Homœopathic Hospital, . . .	142
Warren, S. C., M.D., Corrosive Sublimate Poisoning, . . .	104
Walker, M. M., M.D., Diabetes, . . .	174
Albuminuria, Record of Thirteen Cases of, . . .	337
Weather Provings, . . .	74, 268, 314, 528
Wells, L. B., M.D., Experience with Gelsem. and Bap., . . .	566
Western Academy of Homœopathy, . . .	234, 479
Willard, L. H., M.D., History of an Epidemic of Typhoid Fever, . . .	289
Williamson, M. S., M.D., Hom. Med. Soc. of Philadelphia, . . .	268, 313
Women, Diseases of, Platina in, . . .	233
Woodruff, M. H. C., M.D., Case of Leucorrhœa in a Child, . . .	368
Worcester, Samuel, M.D., Vermont Hom. Med. Soc., . . .	65
World's Homœopathic Convention, . . .	139, 284, 478, 586
Worms, . . .	200
Wright, H. Amelia, M.D., Leucorrhœa and its Treatment, . . .	251

THE

HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, August, 1875.

No. I.

ANNUAL MEETING OF THE CENTRAL NEW YORK
HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THIS association held its annual meeting in 1875 last in Syracuse. Most of the central counties were well represented. President Schenck in the chair. The reports of the Secretary and Treasurer were read and approved.

President Schenck's Address.

President Schenck addressed the Society substantially as follows :

Science is classified knowledge. The exact truth may not in all cases be known, and we find that truth and error are combined in every proportion. It is said that a person knows no more of a subject than he can teach. I rejoice that the world is round, and that move as we may, there is just the same distance on either side of us as there was before we changed our position. And there is a point upon this terraqueous sphere whence you can look but in one direction, unless you turn your eye away from the earth. Is there such a point of observation to be found in the science of medicine? Are not the diversities in medical opinion and practice greatly multiplied by directing our observations away from the science of medicine? In the cure of disease, "contraria" and "similia" as theories cannot be equally true. And there is a vast difference between palliative and curative medicine. In the domain of medical science much remains to be discovered. By means of experiments on the healthy living organism, physiology may more

clearly explain the laws of vital action and the economy of the tissues. Pathology may more satisfactorily determine the changes in tissues effected by disease. And pathogenesis under scientific management will continue to develop the exact curative sphere of remedies.

The Secretary announced as the subject for discussion, comparisons of Belladonna, Hyoscyamus, and Stramonium.

Valuable papers on this subject were read by Drs. Strong, Greenleaf, Parsell, Garrison, and Boyce.

COMPARISON OF BELLADONNA, HYOSCYAMUS, AND STRAMONIUM.

BY T. MORRIS STRONG, M.D.

The action of Bell. is manifested on the cerebro-spinal and sympathetic systems. It acts more, however, on the cerebral mass than on the cord. Small doses excite while large depress. The small doses act more persistently than large ones. Acts primarily on the arteries of the brain, producing inflammation, with secondary action on the throat, eyes, etc., manifesting itself in the latter action as a tissue irritant. Hence, we find hyperæmia of skin, dry throat, strangury, and always with an inflammatory excitement. Arteries are increased in tone and volume. We find a loss of power arising more from physical exhaustion than paralysis.

In the mental condition we have primarily anxiety and anguish, secondarily delirium.

The peculiar action of Bell. in dilating the pupil of the eye, arises from its power to stimulate the sympathetic, and is independent of its action as a depressant of the motory and sensory nerve-centres. Extreme sensitiveness to pain throughout its action.

Hyoscyamus.

Large doses excite, while small depress (Bell. has the opposite condition). Its action is on the cerebral substance, with hallucinations and delirium, secondarily on the eyes and heart. Its action on the motory nerves is greater than Bell. but less on the circulation. It increases the force of the arterial pulsations, but lessens the rapidity. We have jerkings and twitches of the lower limbs. The determination of blood is less than with Bell. but greater than with Stramonium, although the cerebral condition is that of excited and perverted function. Sensitive to pain, but it appears to be more mental than physical, followed by a want of sensibility.

Stramonium.

Moderate doses produce slight vertigo; desire to sleep; dilatation of pupil; pulse quick; thirst slight; copious perspiration; burning in the fauces; hyperæmia of skin. Large doses cause vertigo; general debility; vision obscured; spasms; furious delirium; eyes inflamed; skin covered with eruption resembling scarlatina; constriction of pharynx; desire to urinate, with little or no passage; hallucination; dilatation of pupil; persistent blindness; peculiar convulsive movements of upper extremities, with paralysis of lower; coldness of death; suspension of all secretions.

We find, therefore, under *Stram.* an excitement of the sensorium, but the general senses blunted. The special senses are affected, however, in a marked manner.

Dr. P. P. Wells gives as an indication for *Stram.*, an extreme degree of nervous erethism. Primary action, great activity of voluntary muscles, with suppressed secretions; secondarily, paralysis with excessive secretion.

MIND.—*Bell.* has anxiety; restlessness; desire to escape.

Hyos. aversion to company and light.

Stram. desire for light and company.

Bell. has congestion; stupefaction; delirium; fantastic illusions; disposition to strike, tear, bite; disinclination to talk, or very fast talking.

Hyos. Delirium with unconsciousness; does not know anybody; when spoken to will answer correctly, but immediately unconsciousness and delirium; talks of business; fear of being poisoned; scolds; raves. In a poisoning of a child mirthful humor predominated, with pale skin. (*N. A. J.*, 21-421.)

Stram. Rage; changeable disposition; loud laughing; insensibility to mental impressions.

HEAD.—*Bell.* Congestion to the head; vertigo, with boring stupefying pains, and pulsations of bloodvessels; pains in right side, sinciput, and from neck into head.

Aggravation. In the evening; from motion; heat of bed; lying down; 4 P.M. to 3 A.M., uncovering head and stooping.

Amelioration. By external pressure and bending head backwards; hydrocephalus, with boring of head into the pillow; sensation of water moving in the head.

Hyos. Vertigo; congestion; obscuration of sight. Brain feels loose; pain in forehead and sinciput; sensation of water swashing in the head; heat of head; coldness of body.

Aggravation. Evening, cold air and eating.

Amelioration. Stooping and heat.

Stram. Stupefaction; vertigo. Pain mostly in vertex and temples; raising up of head and bending it backwards; sensation of lightness in head; head drawn to one side.

Amelioration. While lying still.

EYES.—All have more or less congestion; photophobia; diplopia (*Stram.*, objects appear in an oblique line, *Bell.* in a perpendicular one). Objects appear red under *Bell.* and *Hyos.*, but blue-green or grayish under *Stram.* Dilatation of pupil; spasms of the eye; hemeralopia; paralysis of optic nerve (*Bell.*, *Hyos.*). Staring look (*Bell.*, *Stram.*).

EARS.—Hearing at first increased, afterwards diminished (*Bell.*, *Stram.*). Humming and roaring (*Bell.*). Rushing of wind out of ears (*Stram.*). Paralysis of auditory nerve (*Bell.*, *Hyos.*).

NOSE.—Pain at root of nose (*Hyos.*). Bleeding of nose, blood pale (*Bell.*, *Hyos.*). Blood dark (*Stram.*). Smell perverted (*Bell.*, *Hyos.*).

FACE.—Sunken appearance (*Bell.*). Spasm of facial muscles; distortion (*Bell.*, *Stram.*). Puffiness (*Bell.*).

MOUTH.—Dryness (with thirst, *Stram.*, without, *Bell.*). Tongue hot, dry, red, cracked, white centre (*Bell.*). Dry, red, black (*Hyos.*). Red, furred, and dry (*Stram.*). Constriction of throat, inability to swallow; swelling and paralysis of tongue; loss of speech under all. *Bell.* affects the inner mouth throughout.

STOMACH AND ABDOMEN.—Loss of taste; pain, soreness, and spasms, worse from motion and touch; colic-like pains and bloating; vomiting of water, mucus, bile, and blood (*Bell.*). Blood and bloody mucus (*Hyos.*). Sour mucus or green bile (*Stram.*).

STOOL.—Frequent, lumpy, thin, and green (*Bell.*). Scanty, watery, painless (*Hyos.*, *Stram.*). Putrid, black, clotted blood (*Stram.*). Constipated (*Stram.*). Before stool perspiration (*Bell.*). Writhing or twisting pain (*Stram.*). Involuntary jerks of muscles (*Hyos.*). During stool, shuddering. (*Bell.*). Colic; distension of abdomen; rolling in abdomen; vomiting, and paleness (*Stram.*). Jerking of muscles during and after (*Hyos.*). After stool, urging (*Bell.*). Involuntary discharge in all. Painful and bleeding hæmorrhoids (*Hyos.*, *Stram.*). Diarrhœa of lying-in women (*Hyos.*).

URINARY ORGANS.—Frequent desire (*Hyos.*). Scanty dis-

charge (Bell., Hyos., Stram.). In drops with pain (Bell. Stram.). Red sand (Hyos.). Paralysis of bladder in all.

SEXUAL ORGANS.—Nymphomania (Bell., Stram.). Menses profuse (Bell., Hyos., Stram.). Blood clotted (Bell., Stram.). Black (Stram.). Pale (Hyos.). Bright (Bell.). Bad smell (of menses, Bell., of body, Stram.). With delirium (Hyos., Stram.). Before menses, hysteria (Hyos.). During menses, violent pain and bearing down (Bell., Stram.). Convulsions of hands and feet, headache, profuse perspiration (Hyos.). Lochia in clots, and bad odor (Bell.). Scanty (Hyos., Stram.).

In abortion we have under Bell. spasmodic, ineffectual pains; bearing down, with sensation of falling of the organs. Pains come quick and go quick.

Hyos. Spasms; loss of sight and hearing; labor pains, with discharge of bright red blood.

Stram. has loquacity with singing, praying, and muttering.

Male Organs.—Under Bell. we have inflammation and hardness of testicles; testicles drawn up (Bell., Stram.). Impotence (Stram.).

RESPIRATORY ORGANS.—Barking cough (Bell., Stram.). Hollow (Bell.). Rough (Bell.). Spasmodic (Bell., Hyos., Stram.). Few coughs (Bell.). Hooping (Bell., Hyos., Stram.). Constriction in larynx causing cough (Bell.). Mucus in trachea (Hyos.). Tickling in trachea (Bell., Hyos.). Dry cough (Bell., Stram.). Bloody expectoration, bright in color (Bell., Hyos.). Mucus (Hyos.). Salt taste (Hyos.).

AGGRAVATION.—Morning and evening (Stram.). Night (Bell., Hyos.). After midnight (Bell., Hyos.). On awaking (Bell. Stram.). In cold air (Hyos., Stram.). Deep inspiration (Bell., Stram.). Drinking (Hyos.). Cold water (Stram.). Eating (Hyos.). Erect position (Stram.). After measles and scarlatina (Hyos.). Motion (Bell.). Repose (Hyos.). Talking (Bell., Stram.). Touch (Bell.). Touching throat (Bell., Stram.). Voice hollow, rough (Bell.). Husky (Hyos.). Breath short (Bell., Stram.). Sighing (Stram.). Constriction of chest (Stram.). Breath short and oppressed (Hyos.). Rattling in trachea (Bell., Hyos.).

EXTREMITIES.—Coldness of hands (Hyos., Stram.). Trembling of hands and arms (Hyos., Stram.). Spasms of upper extremities (Bell., Hyos., Stram.). Grasping in the air (Stram.). Picking at bed-clothes and face (Hyos.). Paralysis of upper and lower extremities (Bell.). Spasms of one side, paralysis of the other (Bell., Stram.). Pain in hip-joint (Bell., Stram.).

Anterior part of thigh (Hyos.). Tottering and trembling of limbs (Bell., Stram.). Pain in hollow of knee and patella (Bell.).

BACK.—Pain in small of back (Bell., Stram.). Back drawn backwards (Stram.).

SLEEP.—Starting during sleep (Bell.). Sleeplessness (Hyos.). Stupid sleep (Stram.). Restless and tossing in sleep (Bell.).

GENERALITIES.—Convulsions (Hyos., Stram.). Cramp (Bell.). Absence of pain during symptoms (Stram.). Trembling of limbs (Bell., Stram.). Epilepsy ending in sleep (Hyos.). Epilepsy with consciousness (Stram.). Over-excitability (Bell.). Apoplexy (Bell., Hyos.). Spasms of part or the whole of the body in children (Bell.). Spasms, with watery diarrhœa (Hyos.). Convulsions, with profuse perspiration followed by sleep (Stram.). Hydrophobia (Bell., Hyos., Stram.). Numbness and insensibility of outer parts (Hyos., Stram.). General aggravation at night (Hyos.).

FEVER.—Pulse full, hard, accelerated (Bell., Hyos., Stram.). Soft, small (Bell., Stram.). Slow and full (Bell.). Slow, imperceptible, intermitting, and trembling (Stram.). Arteries distended (Hyos.). Changeable pulse (Hyos., Stram.). Chilliness over whole body, ascending (Hyos.). Chilliness, with red face (Hyos., Stram.). Chilliness worse in evening (Bell., Hyos.). Afternoon (Stram.). On extremities (Bell.). Runs down (Stram.). External chilliness (Hyos.). Fever, with congestion (Bell., Hyos.). Hot head and face (Hyos., Stram.). Cold cheeks (Bell.). Heat and chill alternately (Hyos.). Perspiration profuse (Hyos., Stram.). With thirst (Bell., Stram.). Cold perspiration (Hyos., Stram.). Sour-smelling (Bell., Hyos.). Perspiration over whole body (Stram.). Legs (Hyos.). On covered parts (Bell.). During sleep (Bell., Hyos.). Perspiration ascending (Bell.).

SKIN.—Dry and hot (Bell., Hyos.). Brittle (Hyos.). Smooth shining redness and swelling (Bell., Stram.). Brown spots (Hyos., Stram.). Eruptions, with œdematous swellings (Bell., Stram.). Ulcers painful (Bell., Hyos.). Bleeding (Hyos.). Burning when touched (Bell.).

CONDITIONS.—*Aggravations.* Morning (Stram.). Afternoon (Bell., Stram.). Evening (Bell., Hyos.). Night (Bell., Hyos.). Motion (Bell.). Touch (Bell., Stram.). Cold air or draft of air (Bell., Hyos., Stram.). Shining or glistening objects (Bell., Stram.). Drinking (Bell., Hyos.). Eating (Hyos.). Menstruation (Bell., Hyos.). In the dark and alone (Stram.).

Jealousy (Hyos.). Giddy (Stram.). Shaking the head (Bell.). Noise (Bell.). Perspiration (Stram.). Suppressed perspiration (Bell.). Pregnancy (Bell.). Rising up; sun; swallowing (Bell.).

AMELIORATION. Bending backwards (Bell.). Leaning head on something (Bell.). Standing (Bell.). Stooping (Hyos.). Bright light (Stram.). Company (Stram.). Repose (Bell.).

Clinical Cases Cured.

Convulsions, Hyos.²⁰⁰. Child 16 months old; convulsions came on during sleep. Had had three of them before I saw it. Sleep restless, uneasy, with starting; diarrhoea watery, greenish-yellow; sore mouth; feverish; pulse quick; eyes sore, and glued together with thick yellowish discharge. Hyos.²⁰⁰ controlled all the difficulty, giving quiet sleep, restoring appetite, leaving only a hard dry cough, with some wheezing respiration, which Bry.²⁰⁰ removed.

Sleeplessness.—I have found Hyos.^{30 200} efficacious in the restless, sleepless condition of typhoid patients, when approaching the convalescing state.

Perpendicular Diplopia.—Have verified the perpendicular diplopia of Bell. in a woman with uterine ulceration.

A GLANCE AT THE RELATIONS OF BELLADONNA, HYOSCYAMUS, AND STRAMONIUM.

BY J. T. GREENLEAF, M.D.

It seems to be quite necessary in an attempt to differentiate a trio of remedies so nearly alike in many respects as are those we are discussing to-day, to lay down or mention some principle of difference and similarity. The fact that homoeopathic physicians differ as to dose and potency is well known. Those who use the lower potencies are very apt to sneer at the "high dilutionist," as they call them, and the practitioner who has been successful with the more highly potentized drugs is very likely to speak of his brother who uses remedies in their crude state in no very flattering terms.

In our judgment he needs as thorough a diagnosis and knowledge of pathology as the believer in low potencies could demand, to point out the class of the remedies, and then as accurate a picture of the symptoms of drug and individual case as the one-millionth man could ask, to show him the remedy. This is the ground that all physicians will stand upon finally, when the microscope has revealed the hidden things of his-

tology, vivisection the secrets of animal function, and honest drug proving the specific availability of each drug to overthrow our common enemy, disease.

The trio selected for to-day's study belong, may I say, to the class of cerebral excitants. All three produce more or less cerebral congestion and inflammation, delirium, convulsions, paralysis of voluntary and involuntary muscles, prostration, coma, asphyxia, death. Shall we stop there, as do our allopathic brethren? Our gathering to-day is to go farther, and define, if possible, and place each in such a light that we shall never be guilty of giving in every case which may have these mentioned symptoms either Bell., Hyos., and Stram. in alternation, or in rotation, or trying each till we hit the right one.

The degree of the congestion is greatest with Bell., less with Stram., least with Hyos., and the degree of active inflammation is similar.

The delirium of Bell. is violent, but of a character which we connect with acute disease, appears suddenly, is soon over, and then begins again; is somewhat under the control of the will. That of Hyos. is least violent, but more confined to muttering, to attempts to run away, to actions prompted by seeming fear, not so much to the violent striking and raging as is Bell. or Stram. In the twitchings, the jactitations, and the nervous delirium of typhoid fever, Hyos. finds its sphere; is almost a specific for carphology. That of Stram. is marked by great bodily violence; great exertions are often required to keep the patient on the bed, not from an attempt to run away, but apparently from a desire to be ugly; the effects upon the sexual organs produces the lewd movements, the uncovering the person, and the erotic mania. Now of delirium let us have a keynote if possible. In the main, when congestive, Bell.; hysteric and asthenic, Hyos.; insane or erotic, Stram.

It is very difficult to define the sphere of each drug in convulsions. Possibly if we say Bell., epileptic, tonic; Hyos., clonic, irritative; Stram., tonic and clonic, it will convey the clearest idea possible. The paralysis of Bell. is caused by pressure of blood upon the cerebrum or medulla, or by effusion into the ventricles; that of Hyos. by perverted function, and it is like the result of overwork in many cases; Stram. has not been used with much success in paralysis, except of the voluntary muscles, and then when the effect of the will is very apparent.

So far we can mark the degree of symptoms with some accuracy, but now we must notice the individualities of each. Bell. produces actual cerebral inflammation, and extends its influence over the spinal cord as well. It has more effect in spinal irritation than either of the others. Its influence upon the medulla produces the phenomena of difficult deglutition and respiration, inflammation of the larynx and pharynx. Its effect upon the optic nerve ends very soon in amaurosis, after passing through the stages of photophobia and anæsthesia, and sympathetically, dilatation of the pupil and conjunctivitis. The sphere of Hyos. is limited to cerebral irritation and perverted function, has many hysteric symptoms, insomnia, restlessness, globus hystericus, rigors, jactitations, etc. It must have some hæmatic influence, or it would not serve us so well in typhoid fever.

The forces of Stram. seem to be expended upon the sensorium and, next, upon the sexual organs. Is the remedy for insanity, religious type; a great deal of praying and weeping, followed immediately by loud and boisterous laughter, and the lewd motions and antics of an erotic maniac. The effect upon the abdominal plexuses has enabled many to make brilliant cures when they are in doubt as to the real trouble, whether it be neuralgia of the abdominal nerves or *bona fide* colic; but the reason for this is very obscure. Looking then upon Bell. as the powerful agent by which we may reduce cerebral congestion and inflammation; upon Hyos. as the great soother, as the velvet-handed fairy which will soothe our nervous subjects and solve our hysterical puzzles many times; and upon Stram. as the sly fellow who will outwit the keenest maniac on his own ground, and with his own conceit, it is hoped that it may not be out of place to advise the use of Bell. in the 3d, 30th, and 200th; Hyos. in the 30th, and Stram. in the 200th, and as much higher as the faith of the prescriber in the truth of the law of homœopathy will admit.

BELLADONNA, HYOSCYAMUS, AND STRAMONIUM.

BY MARY A. GARRISON, M.D.

Atropa belladonna, *Hyoscyamus niger*, and *Stramonium datura*, *three sisters of the Solanaceæ family*, bearing a striking family resemblance, but like their fleshly sisters of a higher kingdom, having their little differences and disagreements. Naturally of vicious proclivities, and capable of deadly mischief, yet

under the control of a hand guided by wisdom and discretion, they may be converted into true sisters of mercy, who, with their magic touch, shall soothe and quiet the oversensitive nerves, check the unnatural speed of the excited vital current, thereby allaying the painful throbbing of the aching temples, cooling the fever, giving moisture to the dry and heated mucous structures, relaxing the overstrained and rigid muscles, and calming and quieting the furious delirium of the wildest maniac.

Belladonna causes hyperæsthesia of the whole nervous system. It powerfully affects the medulla oblongata, and the nerves arising from it, as shown by difficult deglutition and respiration, spasm of larynx and pharynx, spasmodic cough, etc. It arrests secretion of the mucous membranes, causing redness and inflammation of the same, etc. While it stimulates the nerves of sensation it depresses the motor nerves. It has a powerful effect on the unstriped muscular fibres in the bloodvessels of the bowels, iris, and on those of the breast, causing cessation of secretion of milk. It paralyzes the sphincters. It seems to affect especially the fifth pair of nerves, the most sensitive of all nerves of the body.

Its operation diminishes the calibre of the bloodvessels after having first impressed the cerebro-spinal centres. Contraction of the capillaries, occasioned by its primary action, is followed by relaxation in the fibrous coat of the vessels. The change from contraction to dilatation depends upon a diminution in the reflex power of the spinal cord, and is due to a disorder in the motor current in its source. Hyperæmia is the result of this derangement in the functions of the motor nerves, and the drowsiness and coma and *convulsions* are the result of *cerebral congestion*. *Paralysis* is the result of pressure upon the brain, either from an increased congestion of this organ and its membranes, or from accumulation of serum in the ventricles or between its membranes, the product of such congestion.

Its sphere of action is more extended than that of Hyos. or Stram. The latter seems to affect more especially the motor tract, stimulating the same, as seen in the character of its convulsions, while it depresses or paralyzes the sensory tract, most of its ailments being painless.

The spasms of Bell. are characterized by distortion of the limbs, pleurosthotonous drawing of the body to the *left*, convulsive motions of the mouth, facial muscles, and eyes, foam at the mouth, and grating of the teeth.

The convulsions of Hyos. are marked by the following characteristics: Spasm, with diarrhoea, coldness, flexion of the limbs, patient falls down with a scream, tetanus, stiffness, with jerking, *debility*, hysterical spasms, etc.; Stram.: Convulsions with rage, cataleptic stiffness, shock-like twitching, dulness of all the senses, convulsions without loss of consciousness.

The *fever* of Bell. has red, hot, flushed and bloated face, with red, sparkling eyes and dilated pupils. Throbbing headache, with violent pulsation of the carotids; intolerance of light and company (Stram. desires light and company); delirium, patient wishes to strike, bite, and quarrel (Stram. spits at and wants to kill); very sensitive to least jar of the bed, etc.; pains come and go quickly; pulse hard and full, *not* rapid. Almost a specific in the smooth scarlet fever. Fever of Hyos., brown-red swollen face; shuddering from head to foot; intermittent fever, with epileptic fits, great weakness, and congestion of head; pulse quick, with swelling of the veins; coldness of the whole body, with heat of face; perspiration during sleep. Moral symptoms: Jealousy, distrust, fear of being poisoned, loss of consciousness. Delirium, with trembling. Stram. (fever) has coldness of whole body, especially of the limbs, with shaking, and shivering, and jerking; heat, with anxiety and redness of cheeks, or with thirst and vomiting; small, quick pulse; frequent, profuse sweat; violent delirium; delusions of fancy, thinking himself some great personage; religious frenzy, etc., etc.

Discussion.

These papers were generally discussed by the members present, their object being to elucidate the curative sphere of each of these remedies by indicating its mode of action, the tissues for which it has a special affinity, and its verified characteristics. These remedies are nearly allied in their cerebral symptoms and on this account, to a superficial observer, it is very difficult to make a proper discrimination.

Dr. Gwynn said Belladonna was curative in cerebral diseases. It primarily affects the brain. The first part of Dr. Strong's paper is excellent because well digested.

Religious Mania with Loquacity.—He mentioned a case illustrative of Stramonium. The patient talked a constant stream, and he manifested conscientious scruples. To him everything looked blue. Stramonium cured.

Hyoscyamus is widely different from either of the others. For instance, in typhoid conditions, the patient is sleepless. When closing the eyes sees everything before the eyes. A dose or two gives speedy relief and the patient quietly reposes. He approved Dr. Greenleaf's paper.

Abdominal Pain.—Dr. Greenleaf reported a case showing that Stramonium has cured pains in the umbilical region, when it is difficult to diagnose colic or neuralgia. Dr. Garrison once read in an old homœopathic work this symptom of Stramonium: "pain in region of navel as if it were being drawn out."

Loquacious Delirium.—Dr. Jones reported a case of nervous fever which after two weeks' duration had subsided. Appetite good, bowels and urine normal, but there was mental aberration. Patient could not recognize people, though at times momentarily rational; dilated pupils; no cerebral heat but constant loquacity. Stramonium²⁰⁰ cured.

Dr. Nash had had much experience in the treatment of typhoid fever. In this disease he recognized two alternate states, active delirium and a stupid condition. In the treatment of this fever we must be guided by characteristics. A single one often answered pretty well as an indication; two of them were more reliable, and three furnished a satisfactory basis for a good prescription.

Lachesis is one of the best remedies in this disease. Suitable for low muttering delirium and stupor, resembling opium, but there is no stertorous breathing. Lachesis controls the delirium.

Hyoscyamus is more suitable for stupor. Can hardly comprehend a question.

Belladonna is not indicated so often as Hyoscyamus. Belladonna is characterized by quick motions and congestion of blood to the head.

The Veratrum patient wants to tear things.

Sulphur, sees beautiful things.

Hyoscyamus, fears being poisoned.

Stramonium has jerking of the head from the pillow, and screaming for hours. Would not use Belladonna or Hyoscyamus in such a case.

Hyoscyamus has carphology more prominently than either Belladonna or Stramonium.

Stramonium has persistent delirium, also suppression of urine. It acts best in religious mania.

Dr. Young said Stramonium was a favorite remedy with him. He reported cases as follows:

Hysteria.—Patient talks all the time, and hides the face under the bed-covers. Stramonium, one dose; no more hysteria.

Mania.—Delirium with constant loquacity. Patient imagines she is Mary the mother of Jesus. It is religious delirium. Stramonium cured in four days.

Dr. Strong: The Stramonium patient wants to run away.

Dr. Wells found Belladonna symptoms most prominent in the afternoon, 3 or 4 P.M., and then he was most apt to administer it. He seldom met with cases of typhoid fever controllable by a single remedy. Hyoscyamus symptoms were most prominent in the evening.

Dr. Boyce found a practical comparison of these three remedies clinically a very difficult matter. He compared them by the mental and nervous symptoms. He read Hartman's specimen case of nervous fever, pronounced incurable. Whole right side paralyzed, the left in convulsive motion. Case similar to that of Dr. Miller, in which Belladonna produced such marvellous results. The delirium of Belladonna, he said, was peculiar when once it has been observed. It has fulness, redness of the face, sparkling eyes, and throbbing carotids, a picture of active congestion. According to Allen, the higher potencies produce nervous symptoms which are very important.

The Hyoscyamus delirium is of an hysterical kind.

Stramonium has furious delirium.

Belladonna, delirium as if surrounded by dogs.

These three remedies have more cases of delirium than most others, and we want to compare them together.

Dr. Hawley would seldom think of prescribing Hyoscyamus in furious delirium. If Belladonna failed, he might prescribe Stramonium. Hyoscyamus delirium is characterized by an asthenic condition. It has not the activity of Belladonna, but generally has a low typhoid condition. It sometimes has biting and striking. He seldom gives Stramonium. He reported cases as follows:

Delirium.—A boy had delirium in a fever. Was disposed to fight, bite, strike, and spit at attendants. Belladonna did no good. Finally there was *picking of the bed-covers*. Hyoscyamus made a good cure.

Sleeplessness.—A delirium tremens patient was entirely

sleepless three days. He was extremely talkative and disposed to walk around. It required five men to hold him. Nux, every potency, Belladonna, Hyoscyamus, and lastly, Opium *o* were given without success. In ten minutes after giving Stramonium³⁰ he went to bed of his own accord and slept nicely until the next morning, when "Richard was himself again."

Dr. Wells found it very important to consider the temperament in making choice of a remedy, because any disease will more or less assume the characteristics of the patient's temperament.

Belladonna has active congestion, and is suitable in such a condition.

Hyoscyamus is more suitable in an extremely nervous condition.

The paralysis of Belladonna has more or less pain. In Hyoscyamus, on the other hand, there is no pain.

Dr. Boyce: When the patient is utterly unconscious, how would you decide upon the remedy?

Dr. Wells: Opium may then be required, but we must select our remedy according to the case. Belladonna has dilatation, while Hyoscyamus has contraction of the pupil.

Dr. Boyce said Belladonna, Hyoscyamus, and Stramonium equally had dilatation of the pupil. They all have sparkling eyes. He said Stramonium was one of the most important remedies in delirium, but Alcohol, Gelseminum, Opium, etc., were all important, each in its sphere.

Hyoscyamus has a bluish tint of the face.

In symptoms of hydrophobia, he said, all these remedies have difficult deglutition. They were all common to delirium, madness, stupefaction. All had blindness from paralysis of the optic nerve. Sleeplessness was prominent in all. Belladonna has strong desire to sleep, with inability. Hyoscyamus, sleeplessness on account of excitement.

All have epilepsy. In this disease he does not get distinct indications for each remedy; but Belladonna has epilepsy with unconsciousness. Hyoscyamus has epilepsy with bluish face and subsequent sleep, whereas Stramonium has epilepsy with consciousness.

In spasms, he said, a sudden bright light would reproduce them even when allayed.

Stramonium has desire for strong light and society; but

Belladonna wishes to be alone and in the dark. If the patient talks at all he talks fast.

Dr. Schenck: We have two kinds of characteristics, common and peculiar. Now we desire to bring out peculiar characteristics.

Dr. Greenleaf: It is well to compare the symptoms of these remedies when there is a difference, but the same symptoms sometimes result from entirely different causes. I wish to know the sphere of each remedy. If Belladonna has congestion, Hyoscyamus hysteria, and Stramonium insanity, then I know how to apply these remedies.

Dr. Brewster deduced the conclusion from Dr. P. P. Wells's remarks that the difference between these remedies consists in the degree of violence. In delirium the Belladonna patient is earnest. He gets out of bed before you know it. In the same manner he bites and strikes.

But Hyoscyamus is more playful. In excitement it is a shade milder.

While Belladonna is bold, the Stramonium patient shrinks in the corner and is suspicious.

Lachesis is very nearly allied to Belladonna, but is not so earnest or demonstrative. Its symptoms are uniformly lighter and milder. In convulsions the arms and face only are violently agitated, the lower extremities being rigid and immovable.

A peculiarity of Stramonium is that the patient may not be able to speak, but he is perfectly conscious.

Convulsions, Lachesis. In a case of convulsions with violent headache and throbbing carotids, the patient could not see. The spasms were confined to face and arms, the legs being rigid and fixed. Belladonna, Hyoscyamus, and other remedies were used to no purpose twenty-four hours. Lachesis^m, one dose, and no more convulsions; cure.

Dr. Garrison related her experience in the use of these remedies. She was glad the Society recognized the rights of woman in the profession, and she was exceedingly interested in this discussion. She reported the following case:

Metastasis of Measles.—In a case of metastasis of measles to the brain, the child had violent convulsions in the afternoon and at night; the face was pale; the legs and arms were in constant motion; delirium, with screaming out. Hyoscyamus once in twenty minutes the first hour. Next morning,

patient irritable and cross, but no more delirium nor convulsions.

Pneumonia.—Dr. Benson reported a case of pneumonia with metastasis to the brain. Patient constantly raised up the head and put out the tongue. Stramonium³ made a complete and speedy cure.

Dr. Marks had found characteristic the jerking of the muscles in Hyoseyamus.

Diphtheritic Croup.—Dr. Schenck reported two severe cases of diphtheritic croup recently cured by Kali bich., one of them being characterized by ropy expectoration. Also another cured by Lachesis.

Headache.—Dr. Miller, with three doses of Natrum carb., cured a severe case of headache in two hours for Dr. Hutchings. Indication: Reading and reflection greatly aggravated the pain.

Rheumatism.—Drs. Seward and Strong had cured muscular rheumatism, attended with great soreness, by Ledum, when Arnica had failed.

On motion of Dr. Boyce, the subject selected for discussion at the next September meeting was "Cerebral Remedies" (extending the list).

Election of Officers for Ensuing Year.

The following officers were elected:

Dr. William M. Gwynn, President.

Dr. A. J. Brewster, Vice-President.

Dr. H. V. Miller, Secretary and Treasurer.

Adjourned to September 16th, 1875.

A CASE FROM PRACTICE.

BY H. I. OSTROM, M.D.

Miss C., aged 19 years, leucophlegmatic habit, had two upper molar teeth extracted, while under the influence of nitrous oxide gas. A large quantity of gas was required to produce complete anæsthesia. With the exception of general weakness and prostration, no untoward symptoms appeared until the evening of the following day, when I was summoned to attend her.

Her condition was as follows: Attacks of fainting, which

began with a feeling of oppression at the chest and rolling upwards, and to the left, of both eyes. The loss of consciousness which followed was so complete as to be unaffected by the usual restoratives. During the attack, respiration slow but regular; heart's action was at first normal, but gradually became slow and irregular, until almost imperceptible; pulsation could not be detected in the temporal arteries; face, which was at first of a natural color, became livid, with blue lips, and dark rings around the eyes; pupils dilated and insensible to light. Attacks lasted from ten to twenty minutes. The return to consciousness was accompanied with much mental anxiety, and followed by despair and silent weeping. The interval between the attacks was never longer than five minutes. During this time she complained of weakness and a feeling of constriction in the throat, which interfered with deglutition; no thirst.

R_x. *Hyoscyamus n.*²⁰⁰ d., in water, a teaspoonful after each paroxysm, gave prompt relief.

At 2 A.M. was summoned in haste. Found Miss C. speechless, unable to move her tongue or to swallow. Respiration hurried; pulse soft and rapid; face flushed; eyes bright and pupils dilated; constant effort to swallow, but the swallowing was prevented by a feeling as of a lump in the throat. Dread of water, the sight of which almost caused convulsions.

R_x. *Belladonna*,²⁰⁰ d., a few pellets on her tongue every ten minutes.

After the third dose, speech returned suddenly and completely. The other symptoms abated, and a heavy sleep succeeded. Slight weakness remained which yielded to *Arsenicum*,¹⁰⁰⁰ t.

Careful consideration has forced me to regard this case as one of poisoning from nitrous oxide gas; for, though I examined Miss C. carefully, I could discover no latent disease or transient physical or mental ailment of sufficient importance to alone account for her symptoms. She was weak from previous pain, but the shock to her nervous system incident to the slight operation she had sustained, cannot by itself be regarded as the cause of her condition. Neither do I feel justified in attaching blame to the dentist, for he is a trustworthy man, and one of large experience in the manufacture and administration of gas. That some peculiar state of her system existed at that time, to render her especially susceptible to the effects of gas, we are however obliged to admit, for she had

previously taken gas on two occasions without any deleterious effects.

The symptoms of this case can be divided into two groups, which correspond to a primary and a secondary action. Let us examine these separately.

First, in regard to anaesthetics generally. Any substance capable of producing anaesthesia, does so by virtue of its action upon the corpuscles of the blood, which action interferes with oxygenation. It therefore follows that the condition of insensibility is caused by carbonic acid gas, and not by the anaesthetic *per se*. This gas does not simply interfere with arterialization, but exercises a specific poisonous action upon the cerebro-spinal system, to which it probably gains access through the blood.

That the primary symptom, syncope, was caused by deficiency of blood supply to the brain, is proven by the pale face and absence of pulsation in the temporal arteries. And further, that the deficiency did not depend upon weakness of the heart's action, is shown by the fact that at no time did that organ cease to act. And inasmuch as that while the attack was prolonged its action became slower and less regular, it is clear that the central circulating organ was acted upon, and therefore was only secondary in causing the phenomena of which we have spoken. I therefore think we are justified in assuming that the seat of the disorder was in the brain itself, and that the symptoms in other parts of the body have their explanation in the extensive distribution and connections of the sympathetic system of nerves.

The feeling of constriction, and actual contraction of the throat, furnishes an index to the nature of the morbid process. The cerebral blood supply is largely under the control of the third, fourth, fifth, sixth, seventh, and eighth cranial nerves, and irritation would be liable to cause contraction of the bloodvessels of the brain, and therefore diminution in the amount of blood supplied to that organ.

The secondary symptoms were the result rather of deficiency than of excess of nerve stimulus. The ninth pair of nerves was completely paralyzed, as evinced by the inability to move the tongue; but as the congestion to the head was not intense, the nerves which supply the capillaries of the brain were probably not paralyzed in the same degree. I have found no satisfactory reason for this difference. Possibly an effusion took place at some point in the course of the motor nerves of

the tongue, from a rupture of the previously contracted blood-vessels; but such an explanation is conjectural. There must, however, have been some local cause, which increased the paralysis of the hypoglossal nerve. The heavy, soft motion of the heart was mechanical, and not an extension of the paralytic process. The resistance to the onward flow of blood furnished by the normal contraction of the bloodvessels was removed, and according to a simple law in mechanics, the contractions of the heart became heavy and less strong. The conclusions to be drawn seem plain, viz., that the secondary group of symptoms had their seat in the brain, and were caused by paralysis of certain cranial nerves.

I have asked myself the question, would not Belladonna, if given in the beginning, have prevented or at least modified the symptoms which followed? The primary symptoms of Belladonna compare closely to the primary symptoms of this case, but they are comparatively transient, and in prescribing we are prone to neglect them, and to think only of the more prominent and lasting secondary symptoms.

SCIATICA.

BY MEMBERS OF THE ALLEGHANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THIS affection was formerly known to the older authors by the name of Ischialgia, Dolor ischiadicus nervosus, Coxalgia, Morbus coxendicus, Arthralgia coxalis, and Ischias nervosus posticus, *seu* Sciatica nervosa Cotugno, the name Cotugno being that of an Italian physician, who is supposed to have been the first to distinguish neuralgia of the sciatic nerve from other diseases of the hip.

At the present time the term *Sciatica* is commonly used, although it only refers to pain in the hip, and does not fully express the idea to be conveyed, viz., neuralgia of the great sciatic nerve.

ANATOMY.—Before proceeding to the consideration of the clinical history of sciatica, a short review of the anatomy of the nerve involved and some of its principal branches, may not be out of place.

The great sciatic nerve is the largest nervous cord in the

* Drs. C. P. Seip, J. H. Buffum, F. R. Schmucker, C. F. Bingaman, W. F. Edmundson, and R. E. Caruthers.

body, and in its greatest diameter measures nearly three-quarters of an inch, and one-fourth of an inch in thickness. It is the continuation of the lower part of the sacral plexus, and passes out of the pelvis through the great sacro-sciatic foramen, beneath the pyriformis muscles, descending between the tuberosity of the ischium and the trochanter major, covered by the gluteus maximus, and resting upon the external rotator muscles. In the back part of the thigh it passes over the adductor magnus, being covered by the long head of the biceps. In the lower third of the thigh it divides into two large branches, the internal and external popliteal nerves.

In its upper portion it gives off several articular branches, which supply the hip-joint, and beneath the long head of the biceps it gives off several muscular branches, which supply this muscle and the semi-tendinosus, semi-membranosus, with a small branch to the adductor magnus.

The internal popliteal nerve passes through the middle of the popliteal space to the lower third of the popliteus muscle, where it passes beneath the arch of the soleus and becomes the posterior tibial.

The branches of the popliteal nerve are usually three articular, four or five muscular, and the external saphenous nerve. The articular branches supply the knee-joint, and the muscular the gastrocnemius, plantaris, soleus and popliteus muscles. The external saphenous descends between the heads of the gastrocnemius, lower down it pierces the deep fascia, and receives a branch of the external popliteal nerve. Continuing its course down the leg near the outer margin of the tendo Achillis, it winds round the outer malleolus, and is distributed to the integument along the outer side of the foot and little toe.

The posterior tibial commences at the border of the popliteus muscle, and passes along the back part of the leg to the space between the inner malleolus and the heel, where it divides into the internal and external plantar nerves. In its upper part it gives off muscular branches, which supply the tibialis posticus, flexor longus digitorum, and flexor longus pollicis muscles. The plantar cutaneous, a branch of the posterior tibial, passes through the internal annular ligament, and supplies the integument of the heel and the inner side of the sole of the foot.

The internal plantar from its origin passes forwards, and opposite the base of the metatarsal bones divides into four digital branches.

The external popliteal nerve descends along the outer side of the popliteal space to the fibula, and about an inch below the head of the bone pierces the origin of the peroneus longus muscle, beneath which it divides into the anterior tibial and musculo-cutaneous nerve.

This nerve gives off several articular branches, which supply the outside of the knee, and a third (recurrent) branch, which passes through the tibialis anticus to the point of the knee, which it supplies.

The anterior tibial nerve has its origin between the fibula and upper part of the peroneus longus, passes forwards to the forepart of the interosseous membrane, then descends to the front of the ankle-joint, where it divides into an internal and external branch. Before its division the branches are all muscular, while the internal and external branches supply the muscles on the dorsum of the foot, and the articulations of the tarsus and metatarsus.

CLINICAL HISTORY.—This affection rarely occurs in children and up to the twentieth year; after this period it is more frequently observed, except in extreme old age.

It occurs oftener in females than males; but excluding those cases in which it is symptomatic of pregnancy, the frequency of its occurrence is about equal in both sexes. It is sometimes symptomatic of cerebral and spinal affections; also of uterine and other intra-pelvic diseases. In the majority of cases it is a functional affection, and rarely, if ever, accompanied by febrile symptoms. It may be either acute, subacute, or chronic. In the acute form the characteristic pain of neuralgia is usually suddenly developed, without any premonitory symptoms indicating its approach; while the subacute and chronic varieties are preceded by sensitiveness over the sacral region, or an uncomfortable drawing sensation in any portion of the limb through which the sciatic passes. Soreness along the course of the nerve is nearly always observed, and is limited to circumscribed spaces, which are usually sensitive to pressure. Coldness, or an abnormal heat of the affected limb is often present, or the extremity may be cold in the morning, attain its natural heat during the day, and become uncomfortably hot at night, or *vice versa*.

This variation of temperature is more frequent when the legs and feet are affected. Most of these symptoms are present in nearly all cases, and may remain more or less during the whole time that the patient is subject to the characteristic

pain. In many cases the patients may fail to observe most of these symptoms, and cases occur in which patients are not aware of any deviation from health until the peculiar neuralgic pain is developed.

This pain is described as tearing, darting, and lancinating, shooting along the course of the nerve, and sometimes very excruciating; continuing for a few moments only, or for hours and days at a time. The most frequent seat of the pain is from the sacral region down to the popliteal space. When it is confined principally to the latter point it is called *popliteal neuralgia*, and when about the knee, *gonalgia*. From the knee down to the external ankle the pain is frequently accompanied with cramp in the calf of the leg. If the pain is felt only in the sole of the foot, it is termed *neuralgia plantaris*. Pain is frequently felt only in the heel, and very seldom in the dorsum of the foot. The pain from the knee down is usually more erratic, and more or less associated with pain in the upper part of the limb.

During the paroxysm of acute pain patients can often define almost accurately the course of the nerve and its branches. After the acute pain has somewhat subsided, a sensation of hot or cold water flowing along the course of the nerve often remains, and is frequently very persistent and annoying; or numbness, if not present before the attack, will likely follow. Frequently we find reflex symptoms manifest themselves, with cramps in the leg and sole of the foot, and in some cases the leg has been forcibly flexed upon the thigh. Muscular twitchings either before, during, or after the paroxysm have been observed.

Under certain conditions and circumstances the pain may be either relieved or aggravated; for instance, some patients cannot bear the least motion of the affected limb, while others are materially relieved; some experience pain only during the first effort to walk, and some may not be prevented from attending to their daily avocation, although pain may not be entirely absent.

Pressure upon the points of tenderness may excite a paroxysm of pain, which is frequently more severe than when produced spontaneously.

Intermissions and remissions may occur in all cases, and are as a rule as variable in time and duration as the paroxysms of pain. An intermission or remission may occur in either variety; the former most frequently in the subacute and

chronic, while the latter is oftener observed in the acute variety. An intermission may take place at a certain hour one day, and sooner or later the next; it may last for a few moments only, or continue for days and weeks, the patient in the meantime believing that he has been permanently relieved, when perhaps without any known cause the pain returns with all its severity and suffering. The remissions are as variable in time, but never continue so long as intermissions sometimes do.

In long-continued and severe cases aggravated by the least motion, the patients remain in bed, and in consequence of the long-continued inactivity of the affected limb, the muscles are diminished in volume, and paralysis, more or less complete, may supervene.—C. P. S.

PATHOLOGY.—Of the morbid anatomy of sciatica little can be said. The changes in the nerve structure, if any, have not been satisfactorily investigated, so that the discussion of the pathology of sciatica to any great extent would necessitate the indulgence in speculative theorizing.

It would seem in the greater number of cases to be a functional lesion, dependent upon some constitutional or local depression of the vitality of the nerve.

Where pathological changes have been observed, congestion, or even neuritis, resulting from pressure or injury to the nerve, has been found; resolution taking place, or a chronic form of neuritis resulting, and finally sclerosis and consequent paralysis.

Dr. Francis E. Anstie considers that in all cases of neuralgia there is either atrophy, or a tendency to it, in the posterior or sensory root of the painful nerve, or in the central gray matter with which it comes in closest connection. The rarity with which neuralgic patients die under circumstances which lead to a close examination of the nerves, makes the study of the morbid anatomy of neuralgia very difficult, and consequently the facts bearing upon this subject are very few.

CAUSATION.—The causes of sciatic neuralgia present a well-marked similarity to those of corresponding affections of other parts of the nervous system, differing only as far as they are modified by local circumstances.

Sciatica rarely presents itself in patients prior to the age of pubescence, and more commonly appears between the ages of thirty and fifty.

The gouty and rheumatic diatheses exert an undoubted in-

fluence in the predisposition to sciatic neuralgia, although not so much so as in the case of similar affections of other nerves.

Females are more often attacked than males, yet this predisposition of sex is not well defined, if we except those causes peculiar to females.

A strongly marked nervous temperament, as indicated in females by a tendency to hysteria, and in males by an abnormal sensitiveness to nervous impressions, exercises an effect in the causation of sciatica.

Among the causes inherent in the individual, none is so powerful in its action as hereditary tendency, and here, as in hereditary affections generally, it happens that often the disease skips a generation.

Occasionally this affection is due to reflex excitation of the nerve. Masturbation and excessive venery might be termed reflex causes of this disease, yet the proof is so difficult in cases where these causes are suspected, that they cannot be termed definite causes of the affection.

Malaria, syphilis, mercurialization, quininism, and excessive drinking of intoxicating liquors, and other causes capable of lowering the vitality of the organism, and as a consequence, that of the nerves, will present themselves for consideration as predisposing causes, where the sciatica is not directly the result of a physical cause interfering with the integrity of the nerve.

Those who exhibit a decided tendency to neuralgias, and those in a state of feebleness, are more liable to this affection than those in robust health. Exposure to cold and damp, and direct injuries to the nerve by blows and falls, are perhaps the most common of the exciting causes.

This affection is very often dependent upon an irritation affecting the nerve before it leaves the pelvis, resulting from pressure exerted by an enlargement of the prostate, a gravid uterus, various tumors of the abdominal organs, displacements of the womb, the pressure of the fœtal head in childbirth, accumulations of fæces in the rectum, etc. *

Among the causes affecting the nerve after its exit from the pelvis, are affections of the sacral vertebræ, exostosis of femur, muscular tumors, aneurisms, and neuroma of the nerve itself.

It may also result from effusion within the sheath of the nerve, or from inflammation of the tissues around the nerve; the sciatica here resulting from mechanical pressure on the nerve, which may not itself be inflamed.

The pressure on the nerve from an habitual maintenance of the sitting posture daily for many hours, together with depressing influences of a constitutional kind, has in some instances been the origin of this affection.

Very often the causation of this trouble is involved in uncertainty. A cold, excessive exertion, abdominal affections, stagnation of habitual hemorrhages, are mentioned as additional causes, but it becomes a difficult matter to trace a direct connection between cause and effect in many cases.—J. H. B.

DIAGNOSIS.—We may arrive at a correct diagnosis of this, as of many other diseases, either by its positive symptoms alone or by a process of exclusion or differential diagnosis. In general there is but little difficulty in determining whether or not we have a case of sciatica. In the first place we must be sure that the pain is located in the course of the great sciatic nerve or some of its branches; but as there is a continuity of nerve fibre throughout the whole complex nervous system, the pain may invade secondarily other nerves, especially those in the immediate neighborhood of the great sciatic. The seat of the greatest suffering is generally the lateral surface of the thigh; thence the pain extends to the popliteal space, and in some instances, though rarely, further down along the branches of the nerve. Often, too, the patient complains of an aching near the sciatic notch and in the loins. The pains are generally aggravated by damp, cold, and pressure.

This affection may be either acute or chronic. In the latter the pains generally have either regular or irregular intermissions, while in the former we have remissions; there seldom being a complete absence of pain. The symptoms vary in different patients and in different varieties of the disease. In that variety which we find in persons of strongly marked nervous temperament, the attack has most likely been excited by some bodily fatigue or mental distress, and comes on suddenly, though there may have been numbness along the course of the nerve for some time previous. There are in some forms of sciatica certain spots along the nerve which are permanently and intensely tender, and the slightest pressure on which is sufficient to renew the agony of acute pain. At these spots, and extending for some distance around, there may be a sensation either of numbness or hyperæsthesia of the skin. There may even be partial paralysis of the affected limb, other nerves being also involved by reason of the continuity of nerve structure. This theory of nervous continuity

was announced perhaps first of all by James Carmichael, M.D., Professor of Anatomy in the Homœopathic Medical College of New York City, a few years since, and it is upon this theory alone that we can explain many of the phenomena accompanying this disease. In order to form a correct diagnosis it is necessary also to obtain from the patient a complete history of his case; to discover if possible whether the disease has originated from any of the known causes of sciatica; whether it is a family ailment, and whether the patient has ever before been subject to any similar attack.

DIFFERENTIAL DIAGNOSIS.—There are affections simulating sciatica to a certain extent. Brief mention of the most important of these is sufficient to guard against possible errors in diagnosis. These are muscular rheumatism, affection of the hip-joint, commonly known as morbus coxarius, and pain caused by irritation of the kidneys. In the first named the pain is limited to the affected muscles and does not follow the course of the sciatic nerve, the tenderness is diffused over a considerable space corresponding to the number of muscles affected, the pains are not paroxysmal as in sciatica, but are excited exclusively by movements of the affected muscles.

Morbus coxarius is distinguished by an alteration in the shape and position of the limb, by the obliteration of the fold of the nates, and by the pain in the hip-joint produced by pressure upon the great trochanter, and by flexion and extension of the thigh. There are also other well-marked local and constitutional symptoms which add to the points of difference between this affection and sciatica.

As to *Gonalgia*, when we consider the number of nerves distributed around the knee-joint and their origin, we cannot always ascribe the pain to neuralgia of the sciatic nerve. If there is sensitiveness to pressure in the sacral region, or along the sciatic nerve to the knee-joint, then we may infer that the sciatic nerve or some of its branches to the knee-joint are affected; but if the pain extends up the inner and anterior portion of the thigh with sensitiveness over the lower lumbar segments of the spine, it is evident that other nerves and not the sciatic are affected. *Gonalgia* is also more frequently connected with dysmenorrhœa and other uterine affections than with sciatica.

When the trouble exists in the kidneys, the pain extends down the anterior crural nerve, and is accompanied by symptoms of disturbance of the urinary functions. Sciatica and

neuralgia of the anterior crural nerve have sometimes been found to coexist in the same patient.

PROGNOSIS—In this disease the prognosis depends largely upon the history of the case; but by reference to old-school authorities we find it is regarded as generally uncertain. Under our own treatment this uncertainty has, to a great extent, been removed. If the attack is caused by pressure upon the nerve from a tumor of any kind, removal of the tumor by surgical means or otherwise will generally effect a cure. If caused by mechanical irritation, removal of the cause will generally produce the same favorable result. The older the patient the less favorable is the prognosis, and more especially after the commencement of the symptoms of organic degeneration; and in the latter case, where the patient's family has been subject to severe neuralgias of any kind, there is less chance of complete recovery, though under homœopathic treatment the symptoms may be greatly ameliorated and often cured. Then, too, the circumstances of the patient's life may make a cure improbable, such as exposure to the hostile influences of cold, damp, and privation, or to great mental distress, or habitual maintenance of the sitting posture in business for many hours together, and in short whenever the exciting cause continues to exert its influence.—F. R. S. and C. F. B.

TREATMENT.—In the treatment of this disease it is not enough to know that the patient has sharp twinging pains of a neuralgic character in the leg and foot. It may be simply nervous sensibility and pain, referable to no appreciable cause or condition; it may be the result of an aneurism making pressure on the nerve in that vicinity, which will, of course, be entirely relieved when the aneurismal sac is removed by proper treatment; or it may be the result of a disease of the brain or spinal marrow, and this pain may even be sympathetically communicated through the medium of the nervous centres; it may come from diseased bone, exostosis, ossification of arteries, or from a variety of other causes.

The treatment of these affections must be almost as varied as the cases which present themselves. If mechanical pressure or irritation be the cause, means adequate to the removal of such irritant will be the proper treatment; if dependent upon some dyscrasia, or if the pains are but symptomatic of some constitutional or local disease, relief will be obtained only in the cure of the original malady.

From the foregoing it will be seen how important it is that

a correct diagnosis be made, and that a careful examination be instituted in order to discover the real cause of the disease, and to ascertain whether it is not dependent upon some cause incurable by medicines.

The different plans of treatment and their effects are well illustrated in the disease under consideration, and it may not be amiss to preface our remarks on the treatment by an examination of some of the means usually employed by old-school practitioners.

Many and varied are the weapons with which the followers of orthodox medicine have endeavored to combat the pain of this disease. Their treatment is both internal and local. Great prominence is given to the use of sulphate of quinia, especially in cases which seem to be of an intermittent or remittent type. Arsenicum, also, is used when there seems to be a marked periodicity in the attacks.

Iodide of potassium is frequently made use of, especially in cases where there is a syphilitic taint in the system. Narcotics, particularly Belladonna and Opium, are given in doses sufficient to allay the pain during the paroxysm. The former is often applied in the form of a plaster to the affected part. Morphia is applied locally, either hypodermically or endermically, a blister being made over the seat of pain, and the acetate or other salt applied to the abraded surface.

Sulphur has been prescribed, and seemingly with benefit; the precipitated sulphur being used and applied directly over the seat of pain. Chloroform is used locally and with reported benefit. It is sometimes administered internally, but is not strongly recommended, as it is apt to produce gastric derangements. Oil of turpentine is given internally in some cases, its efficacy being ascribed to its alterative effect.

Among others, various endermic applications, compresses, various ointments and cataplasms have been used. Division of the affected nerve, and even amputation of the limb, have been resorted to.

Acupuncture.—This is a mode of treatment which is sometimes resorted to. It consists in the insertion of very slender, well-polished, sharp-pointed needles into the affected part. Numerous cases have been reported in which this method has produced perfect cures.

The method of treatment known as electro-puncturation consists in applying the electric current to the acupuncture needles, inserted as above.

Electricity.—The use of the various forms of this agent in this disease is an extensive subject, and, in the absence of any reliable rules or indications for its application, we can but give the opinions of different writers.

Dr. Anstie (*Reynolds's Practice*, vol. 2, p. 760), says: "As regards the comparative merits of faradization and of the continuous current, the weight of testimony is now in favor of the belief, that, in the majority of instances, the constant current is the most valuable, and that the three principles upon which we must act in its use are, first, the maintenance of the current, with only a few breaks, for a considerable time; second, the application of the positive pole over the seat of pain; and third, the employment of a very low tension current."

Dr. Henry Lawson (*Braithwaite*, part 62, p. 69) says: "It is a matter of considerable moment how the electricity is applied," and says: "The only admissible method of applying faradization in sciatica is that in which the metallic brushes are employed as conductors, and in no case should the application be persisted in for more than ten minutes at a seance. The strength of the current as well as the frequency of its application must be left to the discretion of the practitioner."

In applying the galvanic current he places the negative pole upon the skin over the exit of the nerve, and the positive nearer its peripheral extremity. He further states that while the relief from the application of the continuous current is unquestionable and immediate, it is neither of long duration or of great extent.

Dr. Hammond says of this therapeutic agent: "I have employed it in every form, and am satisfied that the primary galvanic current is the preferable agent;" and adds: "I doubt if the induced current, unless in a few cases where the wire brushes have been employed, has ever, in my experience, been accompanied with any decided success." In the employment of the primary current he places the positive pole over the seat of pain. Not more than fifteen or twenty Snee's cells should be used. The application should be continued for at least a half hour, and should be repeated every day for several weeks, and, in extreme cases, longer.

Massage.—Dr. Graham defines this to be a hygienic and therapeutic agent, consisting not of friction, percussion, pressure, or movement alone, but of a permutation and combination of all these varied modes of applying force to the

surface and underlying tissues of the human body. In its application or use care should be taken, for if left to the rude efforts of an ignorant manipulator it never does good and often does harm. In this as in the selection of remedies it should be in the hand of one who understands the delicate organism he is to manipulate. It is especially adapted to cases where there is a paralytic condition, or when the muscles have become atrophied from want of exercise.

Adjuvants.—There are a great many substances which can be used to allay the pain and quiet the patient while the remedy is having time to act. In most cases the great desideratum in the use of these articles is to obtain a constant supply of heat, though sometimes cold applications are more desirable. It has been observed that, in most cases, dry heat is preferable to moist. Though there seems to be a difference of opinion as to the use of external applications, the weight of testimony goes to show that they do not interfere with the action of internal remedies, but usually afford great relief to the patient.

Among the most prominent is raw cotton, hot water, hot salt, mustard plasters, etc. In some cases the patient cannot bear the weight of the heavier articles, as salt, etc. In these Dr. McClelland recommends the use of hot corn-meal in their stead. In the selection and use of these articles, that which is found to be most pleasant and soothing to the patient should be applied.

Liniments, plasters, pomades, etc., medicated with the same remedy that seems to be the similitum to the case in hand, may be applied with benefit.

The symptoms of the case, both subjective and objective, being carefully noted, the homœopathic remedy carefully selected will, very generally, relieve the patient and make a speedy and permanent cure.

The pathogeneses of our well-proven drugs correspond closely to the manifestations of this disease, and perhaps in no instance is the potentized and dynamic power of medicine more beautifully and satisfactorily shown than in the treatment of such nervous affections.

The remedies which seem to be oftenest indicated, and which, from clinical experience, have been most frequently verified are: *Colocynth*, *Sulphur*, *Rhus tox.*, *Arsenic*, *Chamomilla*, *Lycopodium*, *Arnica*, *Bryonia*, *Mercurius*, *Pulsatilla*, etc.

Colocynth is best adapted to recent cases, especially of right

leg; the pain sets in suddenly, is constant in character, becoming intolerable in paroxysms; severe pains, causing him to limp; pain increased by touch, better while at perfect rest and from warm external applications; aggravated by cold and by motion, and from anger and indignation.

Sulphur.—Usually in cases which run a subacute or chronic course, and depend for their cause upon some dyscrasia of the organism; pain in small of back, of a stitching, drawing character, on rising from a seat; tensive pain in hip-joint, the left side is principally affected; drawing extending down the limb, usually accompanied with a sensation as if bruised; heavy feeling of affected limb, at times excessive, almost as if paralyzed, particularly when walking; more or less rigidity of knees; swelling of feet in chronic cases.

Arsenic.—If the pains are marked by a complete intermission, break out with typical regularity, aggravated at night, even becoming unbearable towards midnight; pains burning and tearing in character, with great restlessness, obliging the patient to move the limb frequently in order to obtain relief, but the pains are increased by vigorous motion; cannot lie on painful side; great weakness and inclination to lie down; worse from cold applications; temporarily relieved by warmth; especially useful for attacks contracted by staying in cold damp houses; also in cases caused by sudden suppression of eruptions.

Dr. Hughes reports a case of eleven months' duration cured by Arsenic³⁰. The limb was wasted and weak; pain very severe; an examination of the track of the nerve disclosed no tenderness.

Rhus tox. is very seldom useful in recent cases, but comes in in the more advanced course of the disease, especially in cases caused by exposure to wet, or straining in lifting; the pain is stinging, burning, tearing in character, attended with numbness, formication, and paralytic stiffness of the limb, increasing during rest and when beginning to move; alleviated only for a short time by motion; better from dry heat; worse in open air; frequent paroxysms of cramp in calves; patients disposed to melancholy. A case was reported in *N. A. J. of H.*, vol. 1, p. 514, cured by *Rhus*.

"M. J., a tailor, æt. 28 years, has suffered from sciatic neuralgia for twelve years, but until the last two months has never been compelled to stop work and take to his bed. The pain occupied the whole left lower limb, particularly

the posterior part of the thigh; pains drawing, burning, lancinating; worse at night, so as to prevent sleep, and greatly aggravated by cold and wet weather. February 17th, *Rhus tox*³⁰. Nocturnal aggravation disappeared; slept a little, which has not been the case for two months. March 3d; sleeps all night; walks well; completely restored."

Lycopodium.—Mostly in chronic cases; the pain is of a burning or stinging character, with complete intermissions; stiffness and weakness in the affected limb; pains aggravated by rest and slightly alleviated by motion; painful muscular twitchings; bowels very much constipated; abdomen bloated with incarcerated flatulence; urine high-colored, turbid, depositing a red sandy sediment.

Bryonia.—The pains are aggravated by sitting up, and by moving, and late in the evening; lies best on the painful side; very often relieved by cold water. Dr. Martin (*A. J. H. M. M.*, vol. 5, p. 297) reports a case cured by a high potency of *Bryonia*. A man, æt. 32 years, suffered with sciatica of four weeks' duration. Pain in left lumbar region extending to the thigh; worse in afternoon; aggravated by sitting up and by movement; walks with crutches. One dose of *Bry.* 10^m was given. The pain did not return the next day, and in three days later he walked without his crutches, and in ten days more was discharged cured.

Mercurius sol.—Lancinations in the hip-joint and in the knee, particularly at night and during motion; drawing and heaviness in the lower limbs; will be particularly indicated if the patient has had syphilis, without signs of mercurialization, or if the patient is chilly and has a dread of cold air.

Chamomilla.—Drawing, tearing, excruciating pains, which become intolerable at night; aggravated by the warmth of the bed; pains more frequent at night, attended with excessive sensibility and irritability of fibre; sensation of numbness in the affected parts; the patient acts as if out of his mind.

Arnica.—For those cases caused by over-exertion. Pain of a burning, stinging, tearing character; numb and bruised feeling in the affected limb; constantly changing the position of the limb because everything on which it lies seems too hard; especially useful for this complaint in women during the lying-in period.

Dr. Seip reports a case cured by *Arnica*:

"Mr. P., æt. 50, six years ago had fracture of the left

femur, and one year after that accident he again fractured the same bone. Since then has had, at intervals, pain in the left hip, along the course of the sciatic nerve. Has tried many old-school physicians and patent medicines without receiving any permanent relief. *Arnica*³⁰, one dose every night for a week, gave him speedy and permanent relief. One year after had had no return of the pain."

Nux vomica.—Pains drawing, tearing, from below upward; relieved by hot water; attended with stiffness and contraction of the limb; great pain along the affected limb down into the foot; sensation of paralysis, with coldness of parts affected; can lie best on the painless side; aggravation early in the morning, also during stool; constipation; particularly adapted to persons of sedentary habits, or to those addicted to the use of alcoholic stimulants.

Natrum mur.—Tensive pain in right hip-joint and thigh as far as knee, of a remittent character; painful contraction of the hamstrings; limb emaciated; limb painful to touch; pains renewed or increased in a recumbent posture, even in daytime.

Dr. Burgher reports a case of long standing, where the muscles of the thigh were contracted, the leg being flexed on the thigh and the thigh on the abdomen; pain situated in left limb; pain excessive; aggravated at 11 A.M.; relieved by heat; had to be fanned during the paroxysm. The remedy was used in the 12th, 30th, and 200th potencies.

Pulsatilla.—Drawing pain, worse towards evening and at night, compelling the patient to move the limb constantly; relieved in the open air; increased by warmth, not by cold; especially useful when the menses are suppressed; persons of a mild disposition and leucophlegmatic temperament.

Kali bich is often found useful in cases where *Puls.* seems to be indicated, more especially for males; the left side is affected, the pain running from hip to knee; wandering, erratic pains; sharp pain in knee and hip-joint; aching in leg, with trembling; pains come on quickly and subside soon; jerking, aching pain in hip; pain relieved by walking and flexing the leg; aggravated by hot weather, by standing, sitting, or lying in bed; pressure causes the pain to shoot along the entire length of the nerve.

Belladonna.—Stitching, burning pains, aggravated by light, motion, or noise, also by the least concussion, or even by stepping of other persons in the room, also by the least draught

of air; paroxysms set in in afternoon and last till midnight; wants to sleep, but cannot; better from letting the limb hang down, and after perspiring; better from warmth, and when in an erect posture.

Phytolacca.—Pain on outer side of thigh, with soreness in left groin; pressing, shooting, drawing, and aching in the thigh; great lassitude and desire to lie down; most useful in chronic cases, and in those having a syphilitic origin.

Ledum.—The pain runs from the foot upwards; pinching drawing pain in either hip-joint, descending along the posterior surface of the thigh; pressure in posterior region of the thigh, with sensation of contraction of muscles; the affected limb is cooler than the remainder of the body; pains are worse when getting warm in bed; worse when touching the parts; used especially when the left side is affected with weakness and heaviness of the affected part; pains followed by swelling of the feet and limbs.

Ruta grav.—The pain seems to be deeply seated, as if in the marrow of the bone itself, or as though the bone were broken. The patient is obliged to walk about constantly during the paroxysm, for the moment he sits or lies down the pain increases. He complains that he cannot stand it; the incessant walking around will wear him out; he gets no sleep on account of it; the pains are of a burning or corrosive character; worse in damp or cold weather and from cold applications; to be especially remembered in those cases arising from contusions and injuries.

Mezereum.—Darting pain in hip-joint down to knee; drawing pain along the whole thigh, leaving a painful weakness, hindering walking; sensation as if the flesh was torn from the bone; sensation of internal heat while the surface is cold; pain worse in evening and at night; aggravated by touch and motion; relieved in open air.

Cocculus.—Pain as if the hip was screwed together, or shooting pain like lightning, down the whole limb; aggravated by motion and contact; sensitive to fresh air; pains excessively prostrating; wretched color of skin; chilliness with perspiration and heat of skin; sleeplessness; great emaciation; after the paroxysm the parts feel numb as if asleep.

Menyanthes.—Stitching, contractive pain in the region of the hip-joint; cramp-like drawing in the anterior portion of the thigh when sitting; when sitting the thigh and leg are spasmodically jerked upwards; useful after abuse of quinine.

Pain relieved by motion and pressure; worse in evening, during rest, and when lying down.

Kali carb.—Pain in the hip-joint as if bruised; drawing pain in left thigh; numbness of limb; in cases where quinine has been used to excess.

Kali hyd.—Gnawing pain in the hip-bones; severe lacerating pain in the thighs and legs; nightly lacerating in both knees. In a case reported by Dr. Mahlon Preston, cured by this remedy, the following symptoms were present: Nightly tearing and lacerating in the knees; twitching in right knee; tearing and darting in posterior surface of right thigh; tearing above the bend of the knee, and immediately after, also below; aggravated in the evening especially when getting into bed; ameliorated by motion; spasmodic contraction of muscles.

Ignatia.—When the pains are of an incisive or throbbing nature, intermittent, at first every second day, later they come daily, attended with great chilliness; patients of a mild, melancholy temperament; a great deal of fever without thirst; the disease disappears during summer and returns during winter.

Argentum nitric. has been used with benefit. It seems especially suited to those cases in which a paralytic tendency is manifested. It has been used as a local application, the surface over the affected nerve being painted with a solution of the remedy. Dr. Dios recommends this application, and reports many cases cured by it. The indications for its internal use are: periodical, drawing, cramplike pains, from the hip down to the knee; paralytic weakness of the limb, with emaciation of the same; during the paroxysm sensation of expansion in the limb; aggravated in the morning, but more particularly after dinner.

Iris vers.—Shooting, burning, laming pain, affecting the posterior femoral muscles, shooting along the left sciatic nerve to foot, greatly aggravated by motion; moderate motion aggravates the pain; violent motion makes no difference; shooting, burning pains in right shoulder.

Staphisagria.—Aching pain around hip-joint when walking and sitting.

Many other remedies have been used in this affection, among which we may mention Caust., China, Calc. carb., Cimicifuga, Ferrum, Lachesis, Plumbum, Rhododendron, Sepia, Viscum alb., Quinine, etc.

DIET AND HYGIENE.—The last, but not by any means the least important item of the treatment, is the hygienic and dietetic.

In regard to diet, it should be very generous and as abundant as possible, without deranging the digestion. The strength of the patient should be kept up by all means consistent with good health. Radcliffe and Reynolds especially recommend that the food contain plenty of fatty substances, and the patient should be shown the necessity of his using this description of food. No personal objection of his should be allowed to intervene. Fat in some of its forms will certainly be palatable to him, and perseverance will be rewarded with success in the discovery of some form of this material which will be pleasant to his taste.

The patient should not be exposed to cold and damp. If he is confined to the house his room should be properly ventilated, and he should have an abundance of sunlight and fresh air. He should be warmly clad, and especially should the use of flannel under-clothing be recommended.

Physical exercise must be regulated so that it will improve nutrition, and at the same time not inflict severe fatigue. The patient should be removed from all those influences which are calculated to have a depressing influence, either physically or mentally.—W. F. E. and R. E. C.

VACCINATION AND ITS CONSEQUENCES.

BY ALEXANDER BERGHAUS, M.D.

(*Read before the Hahnemann Academy of Medicine of New York.*)

IN correcting a misrepresentation in one of our daily papers, regarding the prophylactic treatment of small-pox by the homœopathic school, the author asserts that the homœopathic practitioners furnish a much smaller percentage of opponents to vaccination than is to be found among the allopathists; that some unfortunate ones, who are unsound in mind and judgment, have attached themselves to the homœopathic interests, is true; it is also true of any other method of practice, and it is unjust in every respect, and to all parties, to accept and give currency to the ideas of any ultra unbalanced mind as fair representatives of any cause.

Now if it is a sign of unsound mind to differ from the views of the great crowd, I am proud to be one of these few whose brain has become unbalanced, probably from seeing so much suffering and misery in consequence of vaccination.

The advocates of vaccination state that statistics prove that since the discovery of Jenner the epidemics of small-pox have become less frequent, and that the cases of small-pox are less virulent in persons vaccinated. Other statistics, however, prove, and I refer to a very able work of Dr. Nittinger, that since the compulsory introduction of vaccination in Würtemberg, Germany, the number of young men fit for military service has been decreasing to an alarming extent, and that phthisis, scrofula, and whooping-cough have been increasing steadily.

Where are the statistics that show why leprosy, which not only pervaded the Orient at the remotest times, but also the cities and villages of Europe, is hardly heard of in our times; and why pestilence, which up to a few centuries ago depopulated whole countries, has lost its terror? Is it because medical skill has conquered these diseases? Any one who has read the history of medicine at those times will confess that medical treatment has but very little to do with the dying out of these terrible diseases. As regards cholera epidemics, which of late have been neither so frequent nor so destructive as they were when cholera made its appearance first in Europe and in this country, the treatment, as far as homœopathy is concerned, has been to a great extent the means of saving many a life. But if we consider the comparatively small number of physicians of this school, we can hardly suppose that treatment alone is the cause of the diminution of cholera epidemics. There must be some other agent then which causes these three diseases to have lost their violence. Should there not be some atmospheric, electric, or magnetic influence to which we are indebted for being freed from these plagues; and may not this agent, whatever it be, have some connection with epidemics of new diseases? Has not diphtheria been increasing at a fearful rate in our city the past winter, twice as many people having died of it as of small-pox? An old physician has assured me that scarlet fever was hardly known in this city sixty years ago. Does not this show that there is some change in epidemic diseases; and might it not be a proof that the decrease in frequency and violence of small-pox epi-

demics is rather due to a natural condition of things than to vaccination?

Whenever I see among my patients people with the marks of small-pox I ask them whether they have been vaccinated, and in nineteen out of twenty cases they answer in the affirmative. The question whether and how long vaccination protects, has been discussed so often, and by abler men, that I think it unnecessary to allude to it here. There is one point, however, that I shall speak about, and that every physician, if he would only look back to his cases of vaccination, might add some facts to, from his experience. Although I have never touched a vaccination lancet in my life, I have seen enough to prevent me from ever attempting to do so. About seven years ago I saw a young woman present a child at the clinic of the College of Physicians and Surgeons in this city. The patient showed unmistakable symptoms of syphilis, and the mother said that before vaccination the little boy had been as healthy as her two older children. There seemed to be no trace of inheritance of the disease. After the attending physician had told the mother that vaccination was not to blame, and after prescribing some mercurial preparation, the poor woman went home. When she had left the room the worthy professor told his students: "Gentlemen, I am sorry to say the child has been poisoned by vaccination, but it is bad policy to tell the parents of it, as it may happen to you in your practice, at any time, and with the best of care, and then you would not like it if a brother practitioner would inform the parents of what you had done." With such instructions young physicians are let loose upon the community, to heal diseases and relieve suffering.

When travelling in Germany, two years ago, I saw a healthy-looking peasant woman in the railroad car, accompanied by two children, pictures of health. She conversed with another woman, and related to her that she lost recently her youngest child at the age of eight months. It had been a healthy boy, but after vaccination the arm became so bad that the physician, who was honest enough to acknowledge that the virus had not been good, thought he would have to amputate it. After a protracted treatment the arm, however, healed, but instead there appeared hemorrhages from the nose; later the blood fairly gushed from the mouth, and the winding up of this distressing picture was bleeding from the bladder and bowels. There seemed to be nothing that could check it.

After nearly every drop of blood had left the body the poor little fellow was relieved by death. A woman who came for treatment to the dispensary of the homœopathic college, informed me that her baby was attacked with diphtheria a few days after being vaccinated at the Demilt Dispensary. At the same time three of her neighbors had their children vaccinated, and from the same child, and these also had diphtheria shortly afterwards. Might not the child from whom the virus was taken have had the disease in its system? About three or four years ago the Italian government had some experiments made in Milano in order to ascertain the possibility of transferring diseases by vaccination. One of them was, that a syphilitic child was vaccinated from a healthy one, and with the same lancet two more healthy children were vaccinated. A short time afterwards the two latter broke out with syphilis; thus proving that such disease could be transmitted not only directly from a diseased child, but even by the careless use of instruments.

The child of a clergyman in this city was vaccinated on the 12th of January of this year, when four months old. The little girl was perfectly healthy, like the parents. The ninth day the left forearm commenced to swell, and turned purple. The child was in a high fever. Then the inflammation extended to the upper arm. Meanwhile there was no sign of a pustule at the place of vaccination on the left upper arm. Gradually the inflammation travelled across the chest and down the right arm. At this time the attending physician, who indignantly protested against all blame, thought the child could not live. Thus things went on till about the fifth week. At the end of February an abscess formed and broke at the dorsum of the left hand. There was a great discharge of pus for about two weeks; then a gangrenous sore appeared at the place where the child had been vaccinated, of the size of a silver dollar. One week later an abscess formed at the right forearm, which broke spontaneously. Now the patient was so reduced that the physician predicted death at any moment. But nature seemed to be stronger than was expected. After three months and a half all sores had healed, leaving three marks of its cruel treatment, in the shape of scars of about an inch in diameter.

I could cite many more cases of this description, but I shall turn to some other part of the question.

The advocates of vaccination maintain that vaccination directly from the cow is not attended with danger.

Let us see what a London paper says about it.

Dr. Spencer Hall, a very distinguished London physician, recently declined to obey the law which requires that all infants shall, within a certain period after their birth, be vaccinated. When called upon by the authorities he responded in a very remarkable letter, which was read before the authorities of Marylebone parish, stating why he had determined to pay the fine rather than to have his child vaccinated.

He declares that he has never been able to find a cow with the disease, nor can he find in England a farmer who has ever seen one with it, consequently the virus which is now used in England is nearly or quite taken from human subjects. On inquiring at the various hospitals he finds, from the medical men employed in them, that it is next to impossible to get any real vaccine-matter, that is, from the cow.

He also gives reasons for supposing that nearly all the virus in use has come through the blood of some three hundred different people, many of whom must be tainted with some disease. Dr. Hall prefers that his child should incur the risk of the small-pox to the taints. The dying out of the disease among cows has been attended by a singular decrease in the violence of small-pox among human beings. The disease from being the most formidable has now almost lost its terrors. He thinks that, for some reason or other, the small-pox may die out altogether. (He don't seem to give vaccination its due credit.) The authorities were considerably staggered by the Doctor's very able letter, and did not know whether to impose the fine or not—the fine being arranged for the negligent, not for the philosophical. They finally agreed to allow the Doctor four months to hunt up some original vaccine-matter for his child.

If, therefore, the natural disease in the cow is so rare, it must needs be produced by inoculation from human beings; and is not there the same danger that diseases go through the blood of the cow as well as the supposed protective agent does? Even vaccination from the original cow disease is not without danger, as I recollect having read that Jenner himself lost a child in consequence of it.

One of my patients, who was vaccinated by another physician from the cow, as I refused to do it myself, had a very

sore arm ; after this had healed a very troublesome eruption broke out over the child's head and face, and such alarming febrile symptoms made their appearance, that the child, for several weeks, was very ill and not far from the grave. None of the other children, five in number, had ever had anything similar. The physician himself had never seen anything like it.

Vaccination is homœopathic, but do we use our remedies in the crude state? Some of them are known to have their medicinal properties only developed by being potentized. I only mention *Natr. muriaticum*, *Calcareo carbonica*, and *Lycopodium*. Why not use vaccine-matter potentized? Whenever a small-pox panic has reigned in our city I have been in the habit of giving my patients a few doses of *Vaccinin*, 200th potency. If none of those persons treated in this manner were attacked by the disease, I would not consider it proof of its efficacy ; but would the proof have been more certain if they had been vaccinated? as it is difficult to ascertain, even after exposure, whether they had been naturally predisposed to the disease. I shall, however, relate a case which will show that there is some prophylactic quality in potentized *Vaccinin*.

Five years ago I was called to see the child of a German mechanic. The girl, five years of age, had confluent small-pox. There were, besides, a boy of two years and a baby of six weeks old. When I asked the father whether his children were vaccinated, he replied that he would sooner see them take the small-pox than to have them vaccinated. When I inquired for his reasons, he stated that he had seen among his friends and neighbors ever so many children die ; some had lost their eyesight, and others had become lame for lifetime, directly after being vaccinated. I asked, further, whether he had ever read anything against vaccination or spoken to any one about it, and he replied that common-sense had told him that when he saw ever so many people attacked with small-pox in spite of vaccination, and, on the other hand, so many sad consequences of it, he came to the conclusion that there was more harm done by it than good. I then gave him and his two youngest children (his wife had her face fairly marked) one dose of *Vacc.*²⁰⁰. There were no means of isolating the children, as the family only occupied two small rooms. The patient did well under *Sarracenia*, *Sulphur*, and *Mercurius*, and when, after two weeks, I told the mother that

I did not think it necessary to call any more, she drew my attention to the two other children. The boy was taking his soup and the baby was crowing in the cradle. On examination I found on each of them about fixe or six well-developed small-pox pustules. There were no other symptoms except a slight increase in the frequency of the pulse. After the pustules had dried off they were as well as ever. Is not there ground to believe that the vaccine moderated the disease, to which they were exposed as much as they ever could be?

Having experienced such facts as I have given above, I shall by far prefer to be classed among those people with unbalanced mind, than to have my conscience burdened with the thought of having caused the death or lifelong suffering of an innocent child which, to all appearance, was intended to become a useful member of society.

After I had written this paper I saw in the *North American Journal of Homœopathy*, May number, 1875, the following, which, to copy, gives me the greatest satisfaction. Professor Jos. Buchner, speaking of contagious diseases, says: "It is strange that some of our greatest physicians, as Rokitsansky, Hammernick, etc., are decidedly against vaccination. According to our experience, extending over a large number of years, neither vaccination nor an attack of variola can be considered safeguards, though even vaccination succeeded between the first and second attack. And even granting some benefit to vaccination, can we be sure that we do not vaccinate simultaneously germs of some other disease? We have witnessed cases where a physician vaccinated seven children, and six of them died in consequence of it."

I am convinced that there are far more physicians among our ranks than is supposed, who in their heart condemn vaccination. They would stand by their opinion if it were not for fear of incurring the ridicule of their brother practitioners who think differently. Let them come forward and give some of their experience.

In France, where compulsory vaccination exists, the mortality of young people between 20 and 40 years of age has increased, in the years 1841 till 1850, from 77 to 154 in 10,000 people.

In Würtemberg the population increased in the years from 1822 to 1827, 14,281; 1828 to 1837, 12,496; 1838 to 1847, 16,172; 1848 to 1857, 10,842.

Before compulsory vaccination in Würtemberg the propor-

tion of men fit for military service was 1 to 110 inhabitants. This proportion remained about the same, in spite of hard times, to the last decade before vaccination.

The 1st 10 years, 1 recruit to 113.

“ 2d “ 1 “ 117.

“ 3d “ 1 “ 121.

VACCINATION.

BY ALFRED K. HILLS, M.D.

(Read before the Hahnemann Academy of Medicine of New York.)

WHILE I am myself a practitioner of vaccination, at the same time it is my desire not to be blind to the dangers connected with its performance, and the ill consequences sometimes attending or following its operation.

As to the propriety of the practice of prophylaxis, I am in doubt, and as to the principles upon which it is founded, there is much ground for criticism.

If we are to practice prophylaxis *at all*, why not in respect to other diseases than variola?

There can be no question but that venereal diseases have produced the greatest amount of suffering and long-lasting misery. Then why do we not practice syphilization; is it immoral to prevent the result of such serious consequences?

The principle of introducing to the system disease, with the view of *preventing* disease, is very questionable.

“Sufficient unto the day is the evil thereof,” and we ought by this time to have developed a system of therapeutics that will enable us to cure with reasonable certainty the disease variola, and for myself I would much *prefer* to treat such cases as occur, homœopathically, as I would any other disease.

But on account of the present modes of practice and rules regarding public health, I deem it best to continue the practice of vaccination.

All of us will I think admit, that in the light of our present experimental knowledge, two important points at least must not be lost sight of, viz. :

1st. The purity of the virus to be used; and 2d, the danger of contamination in consequence of the inoculation of blood from one patient to another.

As a safeguard in respect to the purity of virus, I never on any account use the humanized lymph.

In respect to the second point, I use the precaution in every case to disinfect my instrument thoroughly with carbolic acid subsequent to its use, never using it upon a second person without being perfectly *sure* it has been so disinfected.

It has however puzzled me sometimes to understand how contamination so readily obtains from the use of instruments in vaccination, when it is so seldom met with in any other case.

The Transmission of Syphilis by Vaccination.

Bäumler makes the interesting record that out of twenty-six persons vaccinated from virus taken from an apparently healthy child, in nineteen the vaccine pustules turned into syphilitic ulcers.

In another case, the result was, death of eight children, and syphilitic infection of twenty-six mothers and nurses, five husbands, and three brothers and sisters, all emanating from a single case of vaccination; but in these cases it is admitted that blood was observed upon the lancet.

A case is also reported of a child apparently so healthy that the physician vaccinated several of his own relatives with virus thus obtained. The result was, out of one hundred and forty vaccinated from lymph from this child, fifty became syphilitic, and the child itself, three months later, developed condylomata. Subsequent investigation revealed the fact of syphilitic family history. In this case the reporter was *sure* that only *clear* lymph, free from blood, was used.

A case is reported in which the vaccine virus did not take, but in four weeks was followed by inflammation and ulceration, skin eruption, and iritis.

The following are the conclusions deduced from experimental investigations to this time, as recorded by Bäumler.

"1. That syphilis can be transmitted by vaccination.

"2. That the course of the vaccine pustules in children already syphilitic at the time of vaccination may be perfectly normal, and leave scars of the usual appearance.

"3. That in cases vaccinated from such children, unless the inoculation fails altogether, either the vaccinia may take alone, or the syphilis alone, or both may take together and go on to their full development."

It is claimed by some that the syphilitic agent resides in a mixture of blood with the vaccine lymph, and that the lymph itself is free from it, and this explanation consequently

accounts for the fact that all persons so vaccinated are not contaminated with the syphilitic disease.

Bäumler says he has convinced himself repeatedly, that a few blood-corpuscles, both red and white, occur in the purest lymph.

If these conclusions are correct, no one has the right, in any case, to use the humanized lymph, with which to risk the life and future prosperity of a single individual, to say nothing of the misery entailed upon whole families and communities.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THE Eleventh Annual Meeting of this Association will be held at Municipal Hall, Pittsburg, October 13th and 14th, 1875. A preliminary meeting will be held at the residence of Dr. J. C. Burgher, 332 Penn Avenue. This will be a very important meeting of the Society, and it is hoped that all who can will attend. Members of Bureaus are earnestly requested to make every effort to have valuable papers presented. For further information address Dr. P. Dudley, Corresponding Secretary, 684 North Twelfth Street, Philadelphia.

ALLEN'S ENCYCLOPEDIA OF MATERIA MEDICA AND HOUAT'S PROVINGS.

To the Editor of the Hahnemannian Monthly.

DR. HALE enters a very reasonable protest against the incorporation into the *Encyclopedia of Pure Materia Medica* of much of Houat's symptomatology relating to diseases. The editor of the *Encyclopedia* quite agrees with Dr. Hale that pathological names of diseases are entirely out of place in the work; but Houat did not in any way designate his symptoms, and when we made the effort to "fix up" his "provings" (which we tried to do), we soon reached a doubtful line between symptoms cured apparently and symptoms produced; we found it impossible to make the provings trustworthy and pure, and so concluded to put the whole in, feeling that we were thus giving the public a better idea of Houat's work. The whole *Materia Medica* has yet to be carefully sifted. Houat is not the only one who has compiled a pathogenesis from an undistinguished mixture of clinical and pathogenetic symptoms.

T. F. ALLEN.

PUBLICATIONS RECEIVED.

THE PROTOPLASMIC THEORY OF LIFE. By John Drysdale, M.D., Edin., F.R.M.S. London: Baillière, Tindall & Cox, 1874.

The title of this book is alone sufficient to insure for it a host of readers from among our physiologists and general scientists, while the name of its author will secure it an especial welcome to the offices and libraries of homœopathic physicians both in Europe and America. As one of the learned editors of the *British Journal of Homœopathy*, and of that extraordinary work, written in advance of its time, *Fletcher's Pathology*, no less than by his writings on the very theme of which the volume

now before us treats, he has obtained the audience of the whole homœopathic profession. The work is adapted "to men of general culture in science rather than to those technically educated," and aims to establish the theory "that every action, properly called vital, throughout the vegetable and animal kingdoms, results solely from the changes occurring in a structureless, semifluid, nitrogenous matter, now called Protoplasm."

The book opens with a summing up of the various theories of life, which have been held by physiologists under two general heads, viz.:

"1. Those which require the addition to ordinary matter of an immaterial or spiritual essence, substance, or power, general or local, whose presence is the efficient cause of life; and

"2. Those which attribute the phenomena of life to the mode of combination of the ordinary material elements of which the organism is composed *without* the addition of any such immaterial essence, power, or force."

Towards the first of these theories, "the hypothesis of a vital principle, at least in the crude form hitherto predominant," there had been a constantly augmenting antagonism, until, in 1835, Professor Fletcher, of Edinburgh, in his *Rudiments of Physiology* gave the *coup de grace* to what has ever since been held as an exploded theory, and, according to our author, "anticipated in a remarkable manner the subsequent discovery of the protoplasmic theory of life." He held:

"1. That if vitality do not reside in a separate principle, but depends upon the mode of combination of the elements of the organic parts themselves, there can be no central vital influence communicable to the parts and dominating them, for the vitality of each must be inherent in itself, and, as a property of the material compound, cannot be transferred to the smallest distance; each part, organ, and even cell, therefore, possesses a quasi-independent life, and they are bound together to form an individual, merely by the ties of a central nervous system and common circulation, or some similar means when these are not present.

"2. That the property of vitality does not reside equally in the various organic structures requiring such different physical properties, but is restricted solely to a universally diffused pulpy structureless matter, similar to that of the ganglionic nerves, and to the gray matter of the cerebro-spinal nervous system."

The general objection to this theory, viz., the inability of the chemist or physiologist to repeat a single vital function or process with this very matter when dead, and supposed to be perfectly identical with the same matter living, was met by Fletcher with the proposition, which, of course, no chemist could either establish or disprove, that in *truly living* matter "the elements are in a state of combination, not to be called chemical at all in the ordinary sense, but one which is utterly *sui generis*." That not albumen, fibrin, fats, etc., exist at all in the living matter, but that their sum is united into a compound for which we have no chemical name, and can form no idea; and that these simpler compounds or proximate principles are formed only at the moment when life ceases, and vital affinity is succeeded and superseded by chemical affinity. Yet he is careful to insist that "this power called vital affinity" is not an essence or force added to the living matter, "for irritability or vitality is a property of organized or living matter, as characteristic of this as inflammability is of phosphorus, or as elasticity is of ivory." Unlike Beale, he has left here not the faintest suspicion of vitalism.

Then follows a careful historical and philosophical review of the steps by which the more modern theory of life has been developed; the processes by which Fletcher and his compeers established their original

views; the development of the cell theory of Schleiden, and its modification by Schwann and others, and the germinal or bioplasmic theory of Lionel Beale. The general student can here obtain, in a very limited space, a very satisfactory view of the modern views of physiologists in reference to the ultimate elementary unit of vital manifestation, presented in a most attractive and readable form, the chapters on the Nerve Theory and the Muscle Theory of Dr. Beale being peculiarly interesting. The author's view in reference to the first named will be shown by the remarks at pages 120 and 121, where he says:

"Thus, in short, the nerves may be looked on as a system of mere dead conducting cords, studded at short intervals with bioplasts or little masses of living matter, which, besides their other living functions, act as little batteries, from which the *vis nervosa*, a mere dead force like all other forces, and possibly electricity, is evolved. This view harmonizes with the facts which indicate living action in them, and distinguish them from mere telegraph wires. Among these may be noted excitement by stimuli, such as pinching, pricking, and other mechanical and chemical irritants, in any part of their course when entire, and even in the peripheral ends when cut; the cumulative action of the *vis nervosa* shown by the greater effect of stimulation of a nerve at a distance from its muscle than near it; the increase of velocity of nerve current as you approach the muscle, and a variety of other facts, showing that 'nerve excitement is not simple conduction,' for if the impression conducted were merely the propagation of an impulse, like waves, it would grow weaker the farther from the point of excitement, owing to resistance."

As relates to the varied manifestations of muscular action, he says, p. 156:

"The question now is, where do all these processes take place in the muscle? The parenchyma is now pretty well explored, and there are no considerable territories still unknown in which these operations may take place. According to Beale, the change of matter must take place in the protoplasm, but the bulk of the muscles, *i. e.*, the fibres, do not consist of protoplasm, and are not living, nor is the power evolved in the bioplasts of the muscular fibre. There remains only, therefore, the protoplasm of the motor nerves, or of the capillaries, or of the connective tissue. The protoplasm of the capillaries (venous at least) is no doubt fully occupied in the recomposition and absorption into the blood of the products of change, and the connective-tissue corpuscles are too insignificant to be taken into account. Therefore, we are compelled to fall back upon the protoplasm of the intramuscular motor nerves (and possibly, to some extent, the bioplasts of the arterial capillaries) as the source of the whole power of muscular motion, and unless there is an anatomical basis corresponding to this function the theory cannot be upheld. As before said, Beale has not adverted to the quantitative relations of nerve action in muscular work, but when we look into his anatomy we find a stronger testimony to the correctness of his doctrine, in that it is in a manner involuntary. This lies in the size and number of the nerves connected with the muscular fibres and of the protoplasm masses belonging to them, and incidentally this comes out in the discussion of the endings in tufts and nerve plates given by Kühne. If we consider these all to be masses of nerve-protoplasm, and, as such, sources of electric or other force evolved by nerves, we can see a sufficient anatomical basis for the actual work of the muscles being performed by the motor nerves within the muscles."

In the chapter "On the Nature of Life" our author agrees with Fletcher, in holding vitality to be synonymous with irritability, the fac-

ulty by which matter undergoes certain changes upon the application of certain stimuli, these changes being, strictly speaking, neither chemical nor mechanical, but absolutely *sui generis*. Upon this irritable matter or protoplasm "none of the ordinary chemical forces or agents can act in the way they do upon non-living matter, nor can they cause ordinary matter to pass into this peculiar state. That can only be done by pre-existing living matter; and, moreover, this matter cannot pass back to the state of ordinary chemical combination, except by a process of its own peculiar nature, *i. e.*, its death as well as its birth is a specially vital process. *Life is, therefore, not an entity, not a force, but an action—that action which is involved in the consumption and regeneration of protoplasm, just as combustion is not materials for it; nor the product, nor the active force evolved, but simply the act of chemical union.*"

Of course, the grand question which will exercise those who still cling to even the more recent ideas of a vital principle is, whether it is possible that the remarkable and wonderful phenomena and force-manifestations connected with life, can be the direct result of any mere combinations or groupings of material atoms or molecules, and whether the changes occurring in these groupings and combinations could possibly generate an impulse to be felt to the remotest parts of the organism, unless aided by some influence, or power, or essence, as yet unexplained, and possibly "past finding out." All will admit, with Huxley, Herbert Spencer, and Dr. Bastien, the vast influence of chemical combination, and even of mere complexity of atomic grouping, in developing new and unexpected properties in matter. But we do not think that all will concede with Dr. Drysdale, the "*strong probability* that by still further complexity of composition and grouping matter may be capable of existing in the form of a substance possessing the properties of a truly living matter," if by the word "form" he means to embrace all the properties "of a substance" vitally included. As regards this "strong probability," Dr. Drysdale himself, however, asserts that this is all we can say; and while Bastien, who occupies extreme ground as what may be termed a chemico-vitalist, holds to the view that "there is an unbroken chain of purely and merely chemical action, from the simplest reaction up to the most complicated process of germ development," Dr. Drysdale brings forward the most powerful arguments for the belief that these more complex processes are the work of a totally different agency, and that they exhibit no analogy in any important respect to the simpler operations of Chemistry.

Our readers will, we trust, be able to form a general idea of the scope and style of the work from the passages we have quoted, without the necessity of adding to them from the forcible chapters on the "Connection of Force with Life and Mind," "Albumen and the Physical Basis of Life," and "On So-called Materialism," with which the book closes, which want of space forbids. Our author, like those that have preceded him, has uttered some "things hard to be understood," yet we feel that his book will be hailed with gladness by Christian scientists, especially by that class who wish to learn exactly the truth as set forth by such of the latest investigators in biology as have wrought fearlessly without undue predilection either for or against the long-held and widely prevalent tenets of theology. The dogmatism and priestcraft of science, and the dogmatism and priestcraft of theology, equally pitiful, are set aside for a dispassionate statement of assumed facts. We are glad that this book has been written, and, need we say it, we are *proud* that it was written by an honored homeopathic physician. It will, of course, meet a ready sale. On sale by Boericke & Tafel.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, September, 1875.

No. 2.

HAHNEMANN ACADEMY OF MEDICINE.

THE PHYSIOLOGICAL INTERPRETATION OF SYMPTOMS.

THE regular meeting of the Hahnemann Academy of Medicine was held at the Ophthalmic Hospital, May 24th, 1875, the President, Dr. Finch, presiding.

After the usual business, Dr. Alfred K. Hills read a paper on "The Limit of the Physiological Interpretation of Symptomatology," from which the following extracts are made:

Dr. Hills said the subject he had selected was one which had given rise to much discussion, and ought to receive our thoughtful consideration.

The term "physiological action of drugs" was considered by many to be an improper use of words; that physiology, representing the phenomena presented by organized bodies *while in a state of health*, should not be applied to the action of drugs upon the organism which produces what we call disease, and is better expressed by the term pathology. Leaving the question of terms to be settled hereafter, we will consider the idea intended to be conveyed in a therapeutic sense by the expression, "physiological action of drugs."

The danger which underlies the plan of using these terms is the *engendering* of a tendency toward generalization.

The limit of physiological interpretation of symptomatology may be bounded in two ways, viz.: 1st. As to the probable pathological result; and 2d. Its suggestiveness in the classification of drugs. The physiological interpretation has very

little to do in aiding us to select the truly similar remedy. Able thinkers we have who are always seeking and substituting the pathological *result* for the *cause* of its own condition, and thereon is based *their* system of therapeutics, leading, of course, to generalization in practice. In order to come within the scope of individuality we must adopt some other plan.

The *key* to the homœopathic remedy may be found sometimes in the objective and sometimes in the subjective symptoms, and these should include the physiologico-pathological phenomena. Physiological theories are so constantly changing that it becomes necessary for us to cautiously receive them as any basis whatever for therapeutics. Symptomatology is the true indicator of physiological or pathological phenomena.

The extent of the physiological or *pathological* action of drugs upon tissues cannot be arbitrarily fixed.

No one at all familiar with human physiology can read drug provings without surmising what the effect must be upon particular tissues, but this must not be allowed to lead us in the direction of generalization in the selection. Every symptom is an indicator of systemic activity, hence, the “‘totality’ of the symptoms” *must* represent the true pathological condition.

Grauvogl says: “The physiological and the homœopathic school are far apart as regards the causes and conditions necessary for the attainment of health when sick. What we know of cell life does not suffice for therapeutics at all; however it may satisfy physiology, therapeutics must reach farther than the physiological observations of the dominant school go. All therapeutics operating upon such a structure by remedies must logically be declared nonsense.”

Dr. Hills said he saw no objection to the pathological speculation with symptomatology, and delighted to pursue it himself, but always with great caution when considered in connection with therapeutics.

If Hahnemann’s directions for taking and prescribing for the case were strictly adhered to, there would be no occasion for any strictures upon modes of practice. Different minds pursue different methods and routes to arrive at the same result. I see no objection to any plan that will lead to the therapeutic “key” demanded. The primary cause, such as traumatic effects, straining, wetting, grief, etc., are just as valuable symptoms as anæmia, plethora, etc., and both are useful under certain circumstances when the totality of the symptoms agree in their support and attain the position of characteristic.

Quinine is the "physiological" remedy in "chills and fever," but stops far short of suiting *every* such case, and so we might go on through a long list of drugs selected in this generalizing way.

The physiological interpretation of symptomatology opens so wide a field of speculation, with no positive limit as to its extent, that our studies in this direction are of doubtful value, and no reliable guide in our therapeutics. There is also such a difference of opinion in regard to these matters, that scarcely any two observers will agree upon the pathological state on which the symptomatology is dependent.

It is not sufficient to homœopathicians that a particular drug affects this or that tissue or organ, but he must also know *how* it affects it, and under what circumstances it will produce its specific effects. The whole genius of homœopathy is opposed to arbitrarily arranging symptomatology to agree with any physiological theories for the purpose of therapeutics.

Therefore, I conclude that the physiological interpretation of symptomatology is necessarily limited to the explanation it affords of the *probable* drug action, and is not of *reliable* service in the selection of a truly similar remedy in a case of disease.

Discussion on Dr. Hills's Paper.

Lilienthal. Dr. Hills will excuse me, but he takes the bull at the wrong end. Nobody ever said that we need physiological studies for the selection of the remedy. In any given case we all select the remedy strictly by covering the symptoms of the case with the corresponding symptoms of the remedy as found in our *Materia Medica*, but we claim that this selection of the remedy, this covering of symptoms can lay no claim to be scientific; it is a mere art which every layman can acquire and has many a time acquired. Bœnninghausen was only a layman, but he cured thousands of cases without ever being a physician well versed in anatomy, histology, pathology, or any of the collateral sciences, but he knew by heart his symptomæna codex from A to Z. If any one rests satisfied with the mere knowledge of his symptomæna codex, and cares for nothing else but to cure, and not why he cured, well and good; we want more light, and we intend, if possible, also to study out the physiological action of any remedy, and thus convince ourselves why it cured. Neither physiology nor pathology has anything to do with the so-called allopathic school, nor with allopathy in contradistinction to homœopathy. Vir-

chow truly says that in the last decades great advances have been made in the medical sciences; disease as an entity has been discarded, and any pathological action is only a plus or minus of a physiological state. Neither do men like Kafka, Hughes, Burt, or any other man, select the remedy in their treatment from the presumptive physiological state; but is it wrong when they try in their standard works to get at the physiological action of every remedy. We all know that Apis, Bryonia, Kali carb., and others, have stitches for a general symptom; we differentiate the "no thirst" of Apis with the "large quantity, but not often," of Bryonia. Now we say let us find out, if possible, the reason of such different symptoms. Father Hering remarks, in his *Analytical Therapeutics*, that we cannot select the remedy from pathology; so say we all, and in my critique I remark and request Hering to add the two little words "as yet." We have to find out many a thing yet which remained obscure to our ancestors. Some others, like Kirby, object to the expression, "physiological action." Although the whole continent uses it, I am willing to change it to "pathogenetic" or "pathopoetic," if that should sound more satisfactory. Please do not spoil our fun, our play; it can do you no harm who consider symptom-covering the all in all of medical knowledge, and it may do us lots of good, and, at any rate, affords us pleasure. What is the use to decry men like Holcombe and others, as squinting into the allopathic camp, when the fact becomes clearer every day that all their researches bring them closer to us. To us who believe in the further development of our *Materia Medica*, as well as to you who are satisfied with mere facts, the axiom of "similia similibus curantur" is the device of our banner; but what harm can it do to homœotherapeutics, if some of its adherents try to raise it from a mere art to a higher science, from the labors which can just as well be done by any layman well versed in *Materia Medica* to a work of which any physician may well be proud.

Hills. All admit that a physician ought to know something more than the selection of remedies.

Lil. To the cure of your patient there is no necessity for any further knowledge.

Scott. Friends too often require from the physician a prognosis.

Lil. Tell them any curable case must be cured by the

similimum; furthermore, prognosis has nothing whatever to do with homœopathy nor with allopathy.

Scott. How shall we know the state of our patient? Can we be aided in such knowledge by the selection of the remedy?

Lil. Many a good homœopath laughs at your stethoscope, spirometer, ophthalmoscope, and all your other pathological playthings. He truly says, we cure wherever a cure is possible, and what is incurable will remain so in spite of pathology.

Piersons. But the Board of Health requires certificates of death.

Lil. Write down "from want of breath." But joking aside, we consider it the duty of every physician to be well versed in everything that appertains to medical art and science, be it allopathic, eclectic—

Somebody. Spiritualism?

Lil. Even so; there is nothing to be despised, for even errors may contain a grain of valuable truth. Only by studying everything, investigating everything, and by experiments on the healthy human being as well as on animals, and accounts of autopsies, can we ever hope to raise homœotherapeutics from a mere art to a true science.

Hills. I am pleased that this discussion has been called out, but will any such theory of curing aid us in the selection of the remedy?

Lil. Nobody has ever claimed that, and we also say here the "as yet."

Hills. We do not know enough on this subject, and I am anxious to hear more.

Lil. I wish our adversaries would prove homœopathy to be a science.

Berghaus. Are allopathic prescriptions scientific?

Lil. Their best authorities, like Niemeyer, acknowledge the vanity, the humbug of allopathic therapeia. It is really "as yet" a know-nothing affair.

Wanstall. What remedy do you select in a purely surgical case?

Lil. A surgical remedy, even the knife, but surgery has nothing to do with the selection of the dynamical remedy.

Hills. Don't you think that the mere mention of pathological states will have, especially upon students, the effect to make them generalize instead of strictly individualizing every case?

Lil. Not necessarily so. In our teachings we must incul-

cate the doctrine of strict individualization, and in our clinics they must see these principles carried out. After all, there is not a physician to whom, intuitively as it were, does not come the remedy before his mind's eye, as soon as he has grasped the totality of the symptoms, *i. e.*, the pathological state of his patient. Even Dr. Kirby acknowledges that he frequently prescribes by intuition, which I consider only another expression for experience gained by long years of practice. Still I fear that even good physicians are liable to make their mistakes.

Hills. There are very few physicians who have that wonderful power. Many may think to possess it, and make many mistakes. Does not the German school claim to select remedies according to the physiological action of remedies?

Lil. Our German colleagues are generally good pathologists, and the German mind loves to speculate.

Hills. May not the cause of a disease suggest a remedy? We must use everything which throws any light on the condition of our patient.

Lil. Lippe especially warns us not to look after the cause of a disease. At any rate we cannot "as yet" expect that pathology will throw any light upon the selection of a remedy.

Hills. Physiological explanations are very desirable, but now they are impossible.

Finch. I know of a case which appeared to be a simple catarrh of the Schneiderian mucous membrane, and it was treated for a whole year on strictly homœopathic principles, but without success. If the attending physician had looked for the cause, he would have found a piece of a hoopskirt.

Lil. As I am on the anxious seat, I might just as well confess all my sins, especially when such a good man as Carroll Dunham asks me for an explanation. At the late meeting of the New Jersey Homœopathic State Society the question was raised, whether local treatment is ever admissible to a homœopathic physician. As a stranger I was invited to give my experience, and among other things I related a case which happened to me some twenty years ago. At four A.M. I once was called to a strong, hearty Irishman, who was already sick for three days without treatment. I found him livid in face, with panting breathing, feet and hands cold, pulse almost imperceptible, both lungs hepatized, and the heart overworked to keep up circulation. When interne at the Munich Hospital I used to bleed such patients. Should I give Iodine, Phosph.,

Tart. emet., revolved quickly through my mind, but there stood before my vision "paralysis of the heart from overwork," and I bled my patient from both arms simultaneously, till the pulse rose and the breathing became easier. If my patient had died without that phlebotomy, I would have considered myself guilty of that death. At any rate it gave me time to consider, and if I am not mistaken, Phosphor. was the remedy which carried the patient through after the mechanical phlebotomy had saved the patient's life. Is it wrong to use anything not put down in the symptomen codex? I must be the sole judge what is the best treatment for the patient intrusted to my care, and if a case could arise where twenty grains of Calomel would be the very thing, I for one would not hesitate to give it. Must one be read out of the camp for such an action?

White, Sr. What do you think of leeches in certain cases of congestion?

Lil. Where leeches used to be applied, hot or cold compresses may do just as well, and in all such cases there is plenty of time to study out the remedy.

White, Sr. Two cases of scarlet fever. All the children and the father are subject to enlargement of tonsils. A little girl passed through the attack well, and began to recover. Her brother took the disease next, and also complained of neuralgia of the face. The right tonsil enlarged, but there was no apprehension of danger, when in the afternoon he could neither open his mouth nor swallow, the throat felt dry, and it seemed as if the tonsils would close up the throat. I got there an hour after they had sent for me, and I found four leeches on the neck over the tonsils. The father told me that a change took place for the better in five minutes after the application, and that the child "might have died without them."

Lil. It was probably a very nervous child; they make a great deal of fuss, but they do not choke so quickly. It would be far different in œdema glottidis, where immediate aid is necessary.

Hills. I have seen children who could not swallow for two days; cold compresses gave them great relief.

Finch. There is danger of œdema glottidis, but not in tonsillitis.

Lil. We can give immediate relief by scarification, but I think involuntarily of Chlorine.

Hills. All of us are usually in too much haste in prescribing, and hence the mistakes.

Berghaus. Let me give you a case in point. A child of seven years swallowed a pin. Castor oil was given, but no pin found. I gave Silicea. On the fifteenth day the child complained of difficulty in voiding urine. Apis. On the seventeenth passed urine with less difficulty, and also passed a black pin. The mother was sure there was nothing before in the vessel.

Lil. Since the hot weather began, I have had several patients who felt perfectly exhausted. There was no headache, they complained of restless sleep, and were drowsy all day. Could not find out any diseased state, except that "played out" sensation. The "played out" remedy gives great relief. There you have the sinner again with his generalizing.

Schley. Sulphur²⁰ cures all such cases in a few days.

Boynnton. In the exudation of pleurisy we all give Sulphur and cure. What wrong is there in such generalization?

Hills. Our knowledge of the action of Sulphur leads us to its application.

Lil. But it may also lead to the habit of generalizing.

Berghaus. Rheumatism is just now nearly epidemic. I notice that in regions around New York, where in former years intermittents raged, rheumatism this year takes its place. Allen and McMurray mentioned it at the last meeting of the county society and spoke well of Colchicum.

Boynnton. I treated several cases of inflammatory rheumatism in wrists, knees, and ankles, where Bryonia and cotton-batting failed to give relief. Cimicifuga dispersed the pain in three hours, and the patient could walk about.

Youmans. In a case of rheumatism characterized by crampy pains, I gave Asarum Europæum with great relief.

Dr. Piersons would like advice concerning a lady of forty years, in every way healthy, except that about two years ago, while residing in Albany, she noticed the palmar surface of the two radial fingers of both hands became scaly and very dry; the scales would peel upon one edge, and tenaciously adhere by the other. The nails of these fingers appear to the eye to be very thick, bulging in ridges in the centre, and appearing deformed and split on the edges. Upon examination, the nails are excessively thin, about the thickness of French note paper, and cut with scissors like a sheet of steel. The remedies used have been Sulphur, Graphites, Calcareo carb., and Petroleum; the last with best success.

Finch. Is there the characteristic dryness of Graphites?

Piersons. It neither burns nor itches; no peculiar sensitive-ness, but feels worse in dry cold weather. The nail feels soft and yielding, not like newly made tissue.

Hills. How about Natrum muriaticum?

Finch. I use Natr. mur. high for warts.

Hills. I lately cured a case of serous iritis on a syphilitic basis with Mercurius 30 and 3d, without any Atropin. Chancre had been cauterized.

Piersons. I have treated and quickly cured some bad cases of syphilis with Nitric acid^{20m}, and prefer this or higher potencies of the appropriate remedy in *all* cases of syphilis.

From September 15th, 1874, to April 20th, 1875, the only remedies indicated and used by me for all well-recognized and very dangerous cases of diphtheria were: Lachesis. Soreness, pain, and membrane *always* beginning on the left side, excessive tenderness to external touch, suffocation on lying down, and aggravation from *hot* drinks and after sleep.

Lycopodium. Swelling, pain, and membrane *always* beginning on right side; aggravation from *cold* drinks; after sleep starting up and looking wildly about the room. Apis. Only four cases; membrane beginning on either side or both simultaneously, with *œdema* of the pharynx, particularly of the palate, which looked like a distended bladder; also *œdema* of eyelids and pale urine.

These medicines in all cases were of the ^{cm} potency, Fincke, given in water, a teaspoonful every hour night and day until convalescence, then every two hours until dismissed, which on an average was on the ninth day. Epistaxis and great prostration were present in all cases, diarrhœa in a few. Beef-tea, hot or cold, with milk and cream, in alternation, were forced until convalescence was well established.

The following letter was received from Dr. Carroll Dunham.

LITCHFIELD, CONN., May 27th, 1875.

As to the question proposed for discussion: I am disposed, in the first place, to agree with Dr. George Harley, who says that "a man *may* be a physiologist without being a physician, but no man *can* be a physician who is not a physiologist." And in the second place, to say that, in a matter so difficult as the interpretation of symptoms as a means to their successful use in prescribing, if any man can use physiology to

advantage, in God's name let him use it, and the more he can use it and to the better advantage, so much the better for him, for his patients and for the world.

The minds of different men are differently constituted, and will approach and apprehend facts and principles from different directions and in different ways. Let no man place a barrier in his neighbor's way.

I confess that to me physiology, as an interpreter of symptoms, and especially as a light showing the affiliation of apparently isolated groups of symptoms and the mutual dependence of pathogenetic conditions, has been an immense assistance in the study and use of the *Materia Medica*. I would, therefore, advocate the largest liberty in this regard and the closest study of physiological science as an adjuvant to *Materia Medica*.

Yours respectfully,

CARROLL DUNHAM.

INVOLUNTARY PROVINGS.

BY G. OEHME, M.D.

1. *Kali Bichromicum*.—While pulverizing for half an hour one-fourth pound of *Kali bichromicum*, very finely, I had a very unpleasant sensation in my nose, as if water had been drawn up violently; it grew gradually worse, and lasted about forty-eight hours. On the third, fourth, and fifth day, I had to blow my nose more frequently than usual, about ten or twelve times a day, and discharged each time natural-looking mucus, *considerably streaked with light-colored blood*. (I never had nosebleed in my life.) After this, for several days, a sensation in the middle of the left ala nasi as if there was a very dry spot, or as if it was denuded of the mucous membrane.

2. *Chloral Hydrate*.—A generally healthy lady, of about 30 years, occasionally subject to attacks of neuralgia on the left side of the face, took for it at times *Chloral hydrat.*, about six to eight grains, dissolved in twelve to sixteen spoonfuls of water, one spoonful every ten to fifteen minutes till relieved; frequently she would only take from four to five spoonfuls, never the whole. She never experienced any bad effect from it until her last confinement (male child) ten weeks ago. Since then she has taken it about three or four times in the above-mentioned quantities (the first time *during* the confinement for too painful labor), and has had each time an attack of

erythema on the fingers of both hands. There were about a dozen oval-shaped inflamed spots of about one inch in length, which caused constant and violent itching. On some of the places little blisters would form, and all would peel off, some in little, fine, some in large scales, after a few days. Each subsequent attack would be severer than the preceding one; the last one lasted about a week, though she took *Nux vom.* for it, which she said helped the itching very quickly.

PSORINUM AND PHTHIRIASIS.

BY S. LILIENTHAL, M.D.

WE read in Stapf's *Archiv.*, xv, 2, p. 49, the following note on Psorinum:

Dr. Attomyr gives, in the first and third part of his letters, the remarkable experience that Psorinum produces lice in persons who took this drug. Dr. Emmrich has also witnessed the same in cases where it could only be ascribed to the remedy, and where transmission of these small disgusting animals was just an impossibility. This important discovery has been derided, but is it impossible?

We find a *generatio æquivoca* of the lowest animals under different circumstances. Lice are produced during the efflorescence of vegetative life in children, though they may be kept ever so clean, and it may be considered a certain sign of weakness, a morbid condition, if it does not take place; we find the same again in senility, so closely related in many instances to the infantile age. Lice are also produced when the vegetative sphere is attacked in its very stronghold, in persons who live fast, in onanists, pæderasts, in prostitutes suffering from *fluor albus*, etc., etc.

A phthiriasis is described where lice were not only found over the whole body, but were also discovered in internal cavities. Alkmene, Pherekydes, Sylla, Philip II, Herodes M., and others, died a miserable death from this disease.

In *plica polonica* the quantity of lice found is really astounding. I myself observed several times in typhus the following remarkable phenomena: At the time of the crisis, a disagreeably smelling sweat, the patients complained of stinging and crawling sensations in the skin, especially on the head, the roots of the hair swelled, secreted an oily substance, the hair became matted, stuck together, and in spite of the greatest

cleanliness, although no louse could be found before, they were now present in thousands; the whole scalp seemed to be a living moving body. This state—*plica polonica acuta*—lasted about two weeks, and the scalp had to be covered with cotton, to catch only a small part of the lice. It made no difference how often the cotton was changed, the quantity of lice did not diminish. Finally, the hairs which formed the plica, died, broke off at their roots, and after all the diseased hair was gone, the lice also departed. The patients were girls in the years of puberty, and recovered quickly their former health.

Fournier also observed a very clean woman, who before and after her confinement looked to the cleanliness of her hair. After four days she was attacked with severe headache, lost her appetite and sleep, and the scalp was covered with stinking pus and lots of lice. I could give many more cases of *generatio æquivoca*, where internal as well as external treatment was in vain till the morbid disposition was extinguished by the powerful *vis medicatrix naturæ*.

Thus low organisms may develop themselves in many diseases, as in scabies and other acute and chronic exanthemata. Leuwenhoek found infusoria in his intestinal mucus when suffering from diarrhœa. If there are so many different ways to produce animal life, why should we deny to Psorinum the same power. So far the doctrine of generation is yet full of darkness; perhaps homœopathy may be able to lead us to a better knowledge.

Thus Emmrich writes in 1835, forty years ago, and these last forty years have made many a favorable change in medical art and science. Hygiene takes now the foremost rank, and such secondary diseases as Autenrieth observed from repereussed scabies, as Emmrich observed in typhus, appear to us like fables. Cleanliness, fresh air, bathing, and sponging with cold or tepid water, the use of the thermometer, and other adjuvants of physical diagnosis render diseases nowadays more amenable to treatment. Since Virchow taught his axiom, "*omnis vita ab ovo*," spontaneous generation is acknowledged to be a myth arising from the lack of accurate and truthful observation. Most dermatologists either deny spontaneous generation in toto, or pass it over in silence, only Neumann (*Handbook of Skin Diseases*, p. 408) mentions it, but with the reserve "that it was formerly believed." Still when we con-

sider that nowadays the source of all infectious diseases is laid by high authorities in a "*contagium vivum seu animatum*," that this living contagium can reproduce itself and multiply itself without limit as long as the conditions favorable to its existence are present, and that many physicians of good repute still adhere to the opinion that many infectious diseases may arise autochthonous, we may consider it worth while to investigate the opinion of those men who sincerely thought that even phthiriasis may appear autochthonous where the soil and the condition of the patient is favorable to the production of lice, especially as elder writers, just as in our days, blame social misery, pestilential air, decomposing and putrid matters, etc., for the genesis of animal poisons. But on the other side, when we consider that even now fresh air is considered by the masses as injurious to the patient; that hot drinks even to-day are considered more favorable to the breaking up of a fever than the sparkling draught of cold water; that bathing and daily change of linen was considered a luxury, indulged in only by a nabob, we easily come also to the conclusion that an embryo louse from a nurse, or from somebody else, might drop on the hair of the sufferer, and find there all the conditions favorable to propagation and multiplication.

We have carefully read the proving from Hahnemann's Psorinum, as given in Stapf's *Archiv.*, xiii, 3, and also the proving of Gross in the same journal, xviii, p. 177, but we fail to find in either one of these original provings the generation of lice mentioned. Dr. Lippe, in his text-book, also gives us, in symptoms 14 to 18, "the hair glues together and becomes entangled, has to comb it continually; dry and humid fetid eruptions on the head; large humid blotches on the head, with scabby eruptions on the face; suppurating, fetid, humid eruption on the head, with humid soreness behind the ears (in children [and thus certainly everything favorable for such genesis if it were possible]); great aversion to have the head uncovered; even in the hottest weather does he persist in wearing a fur cap (another condition which ought to be favorable to the generation of lice)," but fails to mention phthiriasis.

May we not, therefore, doubt the genuineness of such observations, especially as the cases of Attomyr and of Emmrich were observed on patients, and not on healthy provers. That Psorinum in these cases was indicated we have not the least doubt, for we know by experience, *ex usu in morbis*, that Psorinum shows wonderful efficacy in the debility follow-

ing acute diseases. Scrofula, especially when hereditary, also needs such a penetrating remedy to change unhealthy bioplasm into normal, and senectus is known by its general retrograde metamorphosis. Very sick patients, infants, and old people need the care of other people, and as long as spontaneous generation of lice on healthy provers of Psorinum cannot be unequivocally shown, we must doubt the assertions of Attomyr and Emmrich, and consider the phthiriasis in such cases caused by contagion, and not spontaneous. Like other parasites, vegetable or animal, lice require for their full development a certain prostration of the vital power or extreme uncleanness, and when once established they are difficult to eradicate, from the necessity of thorough cleanliness and destruction of their ova. *If Psorinum produces phthiriasis on a healthy prover, it must of necessity have the power to eradicate them*; so far our literature fails to record such a case, and we feel, therefore, forced to discredit the opinion of a spontaneous generation of lice, though we may believe the fœti of lice being found on the patients. Wherever lice are present, Psorinum, Sulphur, Graphites, even Cinchona, Arsen., and Ferrum, or in children the different preparations of lime, will be indicated to strengthen the waning powers of life, or to eradicate constitutional ailments, but for the removal of the parasites we certainly intend to rely on extreme cleanliness, and on the application of external means for the destruction of the old and young ones.

URTICARIA.

BY F. B. SMITH, M.D.

AUGUST 9TH. I was called to M. L. Stewart, banker, of this city, to see his little son, who, the messenger stated, was suffering from "a rash of some kind." Knowing it to be the first time a homœopathic physician had ever been called upon professionally by this family, I hastened to the bedside of my patient, and found a little boy, about 10 years of age, suffering from a severe attack of urticaria. He was covered from head to foot with elevated, circular, and oblong blotches, which soon ran together, forming one solid blotch over the entire back, arms, and legs. The character of the eruption on its first appearance was white, but on rubbing the parts the color would change to a pinkish cast. The eruption was

accompanied with intense itching, stinging, and burning, which caused the little fellow to scratch and rub himself continually; the pulse was but slightly accelerated; tongue clean. The child appeared to feel well apart from the symptoms caused by the eruption.

Apis mel. seemed to be so plainly indicated that farther investigation appeared to be useless, and was about to prescribe, when Mrs. S. inquired as to the cause of urticaria. After making a satisfactory explanation, I inquired of my patient as to what he had been doing through the day. His reply was that he had done nothing, except swimming in the river, and that while dressing, a "yellow jacket" had stung him on the right hand, and that immediately he commenced itching and burning all over, and when he got home "he was all broke out," and that was all he knew about it. This bit of information changed the programme. Here was a part of the *pathogenesis* of almost the very remedy I was about to prescribe. Instead, therefore, of giving *Apis* 4th, I prescribed *Ledum pal.* 5th, gtt. x, in half a glass of water, a teaspoonful every half hour. I called again after two hours, and finding a decided improvement, I directed that a teaspoonful be given at eight o'clock, and another at bedtime, and the medicine then discontinued. Early on the following morning I was notified by a messenger, that my patient was entirely well, and that it would not be necessary for me to call.

In this case I prescribed *Ledum* as antidotal treatment, and am highly gratified with the result for two reasons:

1st. The action of the remedy was prompt, and a speedy cure was brought about; and

2d. Mrs. S. informs me that she has decided to have homœopathic treatment in the future.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE M'GEORGE, M.D., SECRETARY.

THE Society met at the West Jersey Hotel, Camden, N. J., on Wednesday, May 19th, 1875, at 11 A.M., the Vice-President, Jacob Iszard, M.D., occupying the chair in the absence of the President.

Upon calling the roll, Drs. Iszard, Kirkpatrick, Ward, Allen, Hunt, Crow, Isaac Cooper, C. J. Cooper, Shreve, Streets, McGeorge, and Blackwood answered to their names.

Prof. Malcolm Macfarlan, of Philadelphia, and Dr. M. B. Tuller, of Vineland, were also present.

The minutes of the previous meeting were read and approved.

Isaac Cooper, M.D., and Daniel R. Gardiner, M.D., were placed on the list of active members at their own request, having moved back again into the district.

By request of the President, Prof. Macfarlan addressed the Society. His remarks were mainly based on the importance of care in selecting candidates for students, and seeing that they complied with all the requirements before coming up for graduation. He also urged greater zeal in upholding and advancing the banner of pure homœopathy.

Dr. M. B. Tuller, of Vineland, a graduate of the Hahnemann Medical College of Philadelphia, and Dr. Joseph J. Currie, of Hightstown, a graduate of the Homœopathic Medical College of Pennsylvania, were proposed for membership, reported on favorably by the Board of Censors, and elected.

The Secretary's report and Treasurer's report were then read, and showed the Society to be in a prosperous condition. Owing to the funds accumulating in the Treasury, the dues for the year were remitted to all the members by vote of the Society.

The Society elected the following officers to serve for the ensuing year.

Jacob Iszard, M.D., Glassborough, President.

Joseph Shreve, M.D., Haddonfield, Vice-President.

Wallace McGeorge, M.D., Woodbury, Secretary.

Jacob G. Streets, M.D., Bridgeton, Treasurer.

Drs. Ward, of Mount Holly, Hunt, of Camden, and Allen, of Trenton, Board of Censors

Dr. Wallace McGeorge was elected delegate to the American Institute of Homœopathy.

Dr. Joseph Shreve was elected delegate to the New Jersey State Homœopathic Medical Society.

The President subsequently made the following appointments:

Bureau of Obstetrics: H. F. Hunt, M.D., Chairman; R. M. Wilkinson, M.D., Joseph Shreve, M.D.

Bureau of Surgery: Emory R. Tuller, M.D., Chairman; J. G. Streets, M.D., A. Kirkpatrick, M.D.

Bureau of Practice: D. R. Gardiner, M.D., Chairman; W. H. Currie, M.D., Thomas R. Blackwood, M.D.

Bureau of Materia Medica: Wallace McGeorge, M.D., Chairman; M. B. Tuller, M.D., C. J. Cooper, M.D.

The committee to whom the subject of "Medical Education" was referred, reported among other resolutions the following, which was unanimously adopted:

"*Resolved*, That this Society recommend a higher standard of medical education, and a rigid enforcement of all laws regulating the graduation of students."

On motion the Society appointed a committee, consisting of Drs. Hunt and McGeorge, to make arrangements to hold the next meeting at Cape May, with power to act in the matter.

The Secretary was requested to invite the Philadelphia County Homœopathic Medical Society, and the New Jersey State Homœopathic Medical Society, to accompany us on our trip to Cape May as our guests, should the committee previously appointed make the arrangements to go to that place in August.

During the session, Dr. Blackwood introduced a patient suffering with progressive locomotor ataxia. This man, aged 63 years, had been treated with electricity for eight months, been under allopathic treatment for three

months, and under Dr. Blackwood's care for three months, without any perceptible improvement; although at times he would seem to improve for a time, and then go back again.

Prof. Macfarlan examined the patient before the Society, at Dr. Blackwood's request. He was walked around the room and across the room; he was held in one position, told to look at one point, then to close his eyes, and walk to the point at which he had just been looking. By giving him a little support, he can walk easily; never sees double, or squints; has entire control over bowels and bladder; is never sick at his stomach; feels sore in his back; never got hurt in his back, or had a fall on back or head; never had a spell of sickness confining him to his bed in his life; his pulse intermitted one beat in six, three months ago; does not intermit now; appetite, bowels, and urine normal; sleeps well; no headache, nor pain in head; never uses wrong words in speaking; buzzing in his ears like insects; feet warm. Is a married man; has six children, all grown up; for five to ten years back has had no desire for sexual intercourse; has had no erections for five years; never practiced onanism. Has had difficulty of speech since the drawing in limbs came on; has had facial paralysis in the right side for many years.

Dr. Blackwood enumerated the medicines he had given the patient, with very little result. Thought the man was no better now than he was three months ago.

Prof. Macfarlan, when asked, after the patient had retired, what the prognosis and treatment would be, replied, substantially, that the prognosis in such a case was of course unfavorable; that the man would probably never be any better, and that it was doubtful whether any medicine would do him permanent good.

After dinner, and the transaction of some other routine business, the Society adjourned, subject to the call of the Committee of Arrangements for the next meeting.

WALLACE McGEORGE, M.D.,
Secretary.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-fifth annual meeting of this Society was held at Montpelier, on Wednesday, June 2d. The meeting was called to order by the President, Dr. C. H. Chamberlin, of Barre, and the records of the semi-annual meeting, held in Burlington, were read and approved.

The Committee on a State Board of Health reported that it had seemed inexpedient to bring the subject of the establishment of such a board before the last legislature, but they should urge further action at the proper time. The committee also showed the necessity for securing equal allopathic and homœopathic recognition and representation in the appointment of all public medical officers, particularly in the organization of all State and local health boards.

The Board of Censors reported favorably upon the following physicians, and they were duly elected to membership: Miss Jane A. Rich, M.D., of Richville; C. A. Jackman, M.D., of Morrisville.

The Bureau of Surgery was then opened and several interesting cases reported, by Drs H. C. Brigham, James Haylett, Van Deusen, and others. An interesting discussion followed upon the surgical and medical treatment of cancer.

WORLD'S HOMŒOPATHIC CONVENTION.

The regular order of business was then suspended to allow some remarks from Dr. G. N. Brigham, who said: "The American Institute of

Homœopathy will meet in Philadelphia in 1876, as 'The World's Homœopathic Convention,' and it is greatly to be desired that this Society shall do its full duty in seeing that Vermont is properly represented upon that occasion. It is especially necessary that a history of homœopathy in Vermont should be furnished, showing its introduction and progress, with biographical sketches of its early pioneers."

The following physicians were elected to do the work for their respective sections: M. G. Houghton, of St. Johnsbury, for Northeast Vermont; G. H. Sparhawk, of Gayville, for Windham and Windsor Counties; T. R. Waugh, of St. Albans, for Franklin and Grand Isle Counties; S. Worcester, of Burlington, and A. E. Horton, of East Poultney, for Chittenden, Addison, Rutland, and Bennington Counties; N. H. Thomas, of Stowe, and J. M. Sanborn, of Hardwick, for Orleans and Lamoille Counties; J. H. Jones, of Bradford, for Orange County, and G. N. Brigham, of Montpelier, for Washington County.

The Bureau of Provings was next in order, and after the report it was resolved that during the present year the Society would prove such drug as may be chosen for that purpose by the American Institute, and the chairman of the bureau was requested to procure and distribute such drug for proving.

The Society then adjourned to dinner, and at half-past one was again called to order.

The Bureau of Obstetrics was then called up, and Dr. Waugh, of St. Albans, reported an interesting case of labor.

Dr. J. M. Sanborn extolled the method of delivering the placenta advised by Dr. Thomas, of New York, and said that he had been very fortunate in escaping hæmorrhage and other after-troubles. A discussion followed as to the best methods of delivering the placenta.

Dr. E. B. Whitaker, of Hinesburgh, reported a case of labor fatal to both mother and child. The woman had previously had eleven children and was forty years old. The child weighed sixteen pounds.

Dr. Jackman reported the following case coming to his knowledge: A woman gave birth to a child weighing five pounds, and in seventeen days to another weighing eight pounds.

The Bureau of Clinical Medicine was then opened, and a case of interest was presented by Dr. Chamberlin, of Barre. The patient showed entire loss of motion and feeling in the right arm; the trouble following a severe injury of the shoulder. The discussion of the case elicited remarks of interest from the members present.

Dr. Worcester, of Burlington, read a paper reporting a case of mental aberration as illustrative of the manner in which medicines act homœopathically.

Dr. Whitaker, of Hinesburgh, reported an interesting case of scarlatina.

Dr. Thomas, of Stowe, related several cases of scarlatina, and called especial attention to the cerebral paralysis with which it is sometimes complicated.

The Bureau of Psychological Medicine was then taken up, and a paper read by Dr. Worcester upon heredity as a cause of insanity. The paper showed the extensive part taken by heredity in the causation of mental and nervous diseases, and also the different ways of its manifestation, showing itself as insanity, epilepsy, chorea, hysteria, deaf-mutism, general paralysis, etc.

The Committee on Nominations reported the following to serve as officers the coming year, and they were unanimously elected:

President, C. H. Chamberlin, M.D., Barre; Vice-President, A. E.

Horton, M.D., East Poultney; Secretary and Treasurer, S. Worcester, M.D., Burlington; Corresponding Secretary, H. C. Brigham, M.D., Montpelier; Censors, Drs. J. H. Jones, of Bradford, J. M. Van Deusen, of Waitsfield, T. R. Waugh, of St. Albans; Auditors, Drs. N. H. Thomas, of Stowe, James Haylett, of Moretown.

Dr. G. N. Brigham, of Montpelier, was appointed delegate to the American Institute of Homœopathy.

SAMUEL WORCESTER, M.D.,
Secretary.

LEUCORRHŒA.

BY W. M'GEORGE, M.D.

(Read before the West Jersey Homœopathic Medical Society.)

THE Chairman of the Bureau of Obstetrics, who was expected to be present this morning and read us a paper on this subject, is, by reason of sickness in his family, unable to be with us to-day, but in a communication addressed to me two or three days since, promised to prepare a paper for our next meeting, and read it before the Society.

In his absence, as one of the Bureau, I have hurriedly drawn together from various sources some views on this subject which I beg leave to lay before you this morning, promising to give you some original matter, but for the most part a compilation from such authorities as I could conveniently find access to. Some of the ideas presented as extracts from various authors I do not concur in, but leave each one to cull out for himself, taking the wheat and leaving the chaff, hoping he will find the kernels profusely scattered among the chaff, sufficient to pay him for the sifting.

Leucorrhœa, *Fluor Albus* or *Whites*, is a very prevalent complaint, affecting at least one out of every three women in a greater or less degree. It affects all ages, from the time of puberty to the grave, generally ceasing after the climacteric period, unless the woman is very much afflicted with uterine troubles. Dr. Madden* says the greatest number of cases occurred between 20 and 25 years of age; next in order come those between 15 and 20; then between 30 and 35; next, between 25 and 30; then 35 and 40; and lastly, from 40 years upwards.

There are two kinds of leucorrhœa, vaginal and uterine;

* Uterine Diseases, with an Appendix, containing an abstract of 180 cases, by Henry R. Madden, M.D. New York: William Radde.

but for the purpose of treatment I do not consider it absolutely necessary to separate them and treat them under different headings. He will be the most successful in this class of cases, as in all others, who individualizes each case, and treats it according to the symptoms present in that case, without regard to what is or is not the best remedy in general. In brief, we may lay down this rule, that he who generalizes most will cure the least number of cases, and only palliate even those cases he does treat. But we will leave the treatment to the end of this paper, and proceed to lay before you briefly the etiology, course, prognosis, and probable duration of this malady.

Leucorrhœa is "a more or less abundant discharge of a white, yellowish, or greenish mucus, resulting from acute or chronic inflammation, or from irritation of the membrane lining the genital organs of the female."—*Dunglison's Dictionary*.

Leucorrhœa "is a discharge from the vagina, or inner cavity of the uterus, of a catarrhal character, varying in color from a light to a yellowish-green, or reddish-brown. It is usually caused by endometritis, or inflammation of the mucous membrane of the womb or vagina."—*Paine's Practice of Medicine*.

The best general description of this disease I have found in Guernsey's *Obstetrics*, chapter xii, to which I would refer you for a fuller description. Raue's *Pathology* gives a very fair yet brief description of the symptoms, and so far as my experience goes, a correct one. The course of the acute attack, as well as of chronic cases, is there given, but in the majority of cases we are called to prescribe for these cases on account of the great *weakness* resulting from the continued discharge, and are often asked for medicine to relieve that symptom, and no other assistance is demanded of us. To the young practitioner this is a fruitful field of failures, unless he can secure the confidence of his patients sufficiently to secure all their symptoms. I do not mean by this that he must propose and insist on an examination, either digital or with the speculum; in fact I would advise him to abstain from these examinations altogether, if he can cure his patients without them. But I would urge him to get every symptom, carefully record it, and question his patient until he is sure of his remedy, and not jump at a conclusion.

Remember, an acute attack is characterized by *pain* in the small of the back, of a *drawing* character; sometimes the pa-

tient will complain of this same pain in the inguinal region, but will describe it so blindly, as simply "low down in my stomach," that you will be at a loss to locate it unless you persevere. Find out whether this is a *Sabina* symptom or a *Plumbum*, or any of the many remedies that have a drawing pain in their pathogenesis. External pressure in the hypogastric region is painful to a greater or less degree. According to the mildness or severity of this symptom, *Aconite*, *Belladonna*, *Bryonia*, *Mercurius*, *Platina*, etc., will suggest itself. Then the character of the pain will be a guide, particularly in those cases of leucorrhœa resulting from endometritis. Sharp cutting pains coming and going quickly would point to *Belladonna*. Pains beginning slowly, increasing gradually until almost unbearable, then as gradually decreasing, would suggest *Platina*, and so with many other remedies. *Kali carbonicum* has distressing, cutting, shooting, darting, and stitching pains, the stitching pains being in the ascendancy. *Mercurius*, in addition to the pressing pain, has a stabbing and boring pain.

In all acute cases there is *fever*. The character of the fever will furnish precious indications for the remedy that will control the febrile action and all the other morbid symptoms. *Aconite* will often cure the whole case, or *Belladonna*, or *Bryonia*, or *Gelsemium*, although I have very little experience with this last-named remedy in leucorrhœa.

Next in importance is the *bearing-down* pains complained of. Here *Sepia*, *Belladonna*, *Nux vomica*, *Platina*, *Kali carbonicum*, *Natrum carbonicum*, etc., etc., come prominently in view. The constant pressing into the vagina, so much so that she must lie down and cross her limbs to prevent everything from pressing out of the vulva, with oppression of breathing, calls for *Sepia*, and *Sepia* only. For *Belladonna*, on the other hand, with this great pressing on the genital organs, as if everything would protrude; the patient has to stand up to relieve this symptom in very many, but not in all cases, there sometimes being aggravation by standing. Under *Natrum carbonicum* there is a continual pressing down, as if everything would fall out, whether standing, sitting, or lying down. Under *Platina* there is a bearing down to the genitals and pressing down in the abdomen, and during menstruation pressing down in the genitals. Under *Nux*, *Aloes*, and *Sulphur* there is a bearing down in the pelvis, with congestion of the uterus, which is worse while standing, under *Aloes* and *Sulphur*. A new

remedy, but one which should not be overlooked, for this bearing down, is *Caulophyllum*, which has a peculiar forcing, bearing-down pain, and is extensively used by some of our physicians as an emmenagogue. *Cimicifuga* also is useful for this symptom.

For the headache, so frequently mentioned, *Pulsatilla*, *Nux*, and *Sepia* are most generally indicated; for the pain in back, *Sepia*, *Sulph.*, *Puls.*, *Bell.*, and *Nux*; for neuralgia and dyspeptic symptoms, nearly the same remedies will be found applicable, according as the symptoms call for one or the other of them.

As to the course and probable duration of this complaint there is a great diversity of opinion. Acute attacks are usually benefited in two or three days, sometimes in twenty-four hours, and cured in from ten to fourteen days. Chronic cases may be benefited in from two to four weeks, and be cured in four to nine months; some cases may be cured in less than three months, while others will show no marked improvement after a year's faithful prescribing. Many difficulties are in the way to a successful termination of this troublesome malady, and of the cause which induces it. Let us look at a few of these difficulties. In the first place, many people who complain of leucorrhœa are poor, and being compelled to expose themselves continually to earn their living or to put bread in their children's mouths, are constantly rendering themselves liable to fresh cold; which lies at the bottom of more than half the number of cases. Take the washerwoman for an example. She washes and irons week in and week out, in hot weather and in cold, in dry weather and in stormy, now standing over the steaming boiler of clothes, then outdoors hanging out or taking in her clothes, going rapidly from one extreme of temperature to another. Certainly here is not a very encouraging state of affairs to the anxious physician, and yet among this very class we will find the worst cases of leucorrhœa and prolapsus uteri.

Another great difficulty in the way of a cure is the common practice of thousands of women, of using injections of cold water and other deleterious agents immediately after intercourse, to prevent "being caught," as they so often state, or to prevent an increase in their families. Many women who desire in reality to get well of their leucorrhœa and consequent uterine trouble, will not refrain from this pernicious

and dangerous habit, in spite of the advice of their physicians, "of two evils choosing the least," as they ignorantly think.

Another cause of leucorrhœa being so tedious in getting well consists sometimes in excessive sexual intercourse. This cause, I think, may well be laid at the men's door, and placed upon their shoulders. Yet many women would rather suffer and endure in silence this wrong, this moral ravishing, than have their husbands seek other fields. Modération no doubt is, in this as in many other things, the wiser course, and should be urged upon husbands by the physician whenever good opportunities present themselves. But oftentimes the men will pay cheerfully large bills for medical attendance in this class of complaints, who will not listen to your appeals in this one particular.

In spite of all these drawbacks and disadvantages, we must persevere and cure all the cases we can, and when we cannot cure all, benefit all, and as speedily as possible. And in treating this class of disorders, we must hunt out the appropriate remedy through the *Materia Medica*, according to the totality of the symptoms.

Dr. Guernsey gives indications for about seventy-five remedies in his work on Obstetrics; Dr. Raue, over forty remedies in his work on Pathology; and Dr. Madden about the same number. In my own limited practice, I have confined my list to something less than twenty remedies, and have used them about in the order named as to frequency and success; *Sepia*, first of all, and oftenest, and with the best success; *Pulsatilla*, next; then *Sulphur*, *Calcarea carb.*, *Bell.*, *Arsenicum*, *Platina*, *Creasote*, *Caulophyllum*, *Hanamelis*, *Aconite*, *Æsculus hipp.*, *China*, *Iodine*, *Kali bich.*, *Mercurius*, *Nuxvomica*, *Sabina*, and *Zincum*. A few of my indications are as follows:

Sepia.—Thick, creamy, or yellowish leucorrhœa, bland in character or like pus, excoriating the thigh; great weakness; bearing-down pains, and in daytime and while exercising; don't want to be left alone, and yet don't want company; discharge during the day, after coition; and when there is a discharge of blood after intercourse.

Pulsatilla.—Mild dispositions generally, but not always; in mean or avaricious people, who have acrid, burning leucorrhœa, or milky leucorrhœa; after menses, and when lying, with neuralgic pains shifting about; towards evening generally chilly; poor or changeable appetite; no thirst.

Sulphur and Calcarea.—More on general indications, or when there is a strong psoric taint. Under *Sulphur* the discharge generally makes the vulva sore, and is burning and smarting; under *Calcarea*, leucorrhœa like milk, it is so white, with itching of the vulva and heat of the parts.

Belladonna.—Bearing down, with ill humor or rage, pains coming and going suddenly; when the hardened masses of mucus cause *uterine colic*. (*Cham.* and *Nux* are very valuable in this class of cases also.) In acute cases principally.

Arsenicum.—Leucorrhœa corroding and burning like fire; leucorrhœa thick and yellow, or very thin and acrid; said to be good when the leucorrhœa drops out while standing or passing flatus; cannot speak from experience of this symptom; in cases of great weakness attended with burning.

Platina.—Painful excitability and sensitiveness of the external and internal organs to touch; will almost faint during intercourse; cannot bear to be touched; will go into spasms from an examination, or almost from the dread of one; leucorrhœa in the daytime; according to Guernsey, only in the daytime. Excessive sexual desire in some cases.

Creasote.—Corrosive, debilitating leucorrhœa; sometimes mild leucorrhœa; aggravation from an embrace, followed by a discharge of black, decomposed blood.

Caulophyllum.—Recommended very highly by Dr. Macfarlan as curative in many cases where *Sepia* and other remedies have failed. Where I have used it, there were congestion and forcing-down pains, with tardy appearance or absence of the menses, and a profuse secretion of mucus from the vagina, with drawing pains in the lower extremities.

Hamamelis.—Useful in profuse and persistent leucorrhœa, with great sensitiveness of the parts; great rawness and soreness of the vagina during an embrace; itching of the vulva, with vaginismus. This remedy I invariably use in the lower potencies for this class of complaints, and have known marked and instant relief to follow injections of the tincture (about one drop to twenty of water) in these terrible cases of vaginismus. In one case that came under my notice, where the agony was so great during coition that the woman told her husband, if he must have coitus he must go elsewhere, two or three applications of the tincture, as above stated, removed this terrible sensitiveness, and actually enabled her to experience pleasurable sensations. Although out of place, I would mention here, that in the same proportion as above

it acts beautifully and equally speedily on sore and tender nipples, one application being sufficient to give relief.

For Aconite, Æsculus, China, Iodine, Kali bich., etc., I have no special indications to offer, and prescribe them according to the symptoms laid down in the *Materia Medica*.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY BUSHROD W. JAMES, M.D.

A REGULAR monthly meeting of the Society was held at the College Building, September 9th, a large representation of members being present. In the absence of the President, Dr. L. G. Vinal was called to the chair. The Scribe acted as Secretary *pro tem*. There being no minutes present, this order was passed over.

The report of the delegate to the American Institute of Homœopathy was presented as follows:

Your delegate to the Twenty-eighth Session of the American Institute of Homœopathy reports that the Convention was held at Put-in-Bay, on "Middle Bass" Island, situated in Lake Erie, from June 15th to June 18th, inclusive. The meeting was called to order and presided over during the session by Vice-President L. E. Ober, M.D., the President elect, Dr. Holcombe, being unavoidably absent.

After the President's address, the Necrological Report was read, showing the deaths of eleven members since the last meeting.

C. Dunham, M.D., chairman of the *Materia Medica* Bureau, then read a very entertaining and instructive paper on "The Significance and Value of Primary and Secondary Symptoms of Drugs."

The Bureau of Surgery presented excellent papers on Dislocations and Fractures. Of the latter, two very interesting specimens were shown by J. H. McClelland, M.D., of Pittsburg. They had occurred at different times in an aged and very intemperate man, and under the Doctor's treatment healed nicely each time.

The Intercollegiate Committee reported in favor of the graded three years' course in our colleges. The report was adopted by the Institute.

A change in the by-laws was made, to the effect that hereafter the chairmen of bureaus will be appointed by the Institute, and each chairman will appoint his own associates.

June 26th, 1876, and Philadelphia, were selected as the time and place for the next meeting.

The officers for that occasion were elected unanimously, as follows: President, Carroll Dunham, M.D., of New York; Vice-President, E. C. Franklin, M.D., of St. Louis; General Secretary, R. J. McClatchey, M.D., of Philadelphia; Provisional Secretary, T. C. Duncan, M.D., of Chicago; Treasurer, E. M. Kellogg, M.D., of New York.

On Thursday afternoon a banquet was tendered the Institute by the proprietors of the Beebe House, the headquarters of the Institute. The

orators of the occasion were O. B. Gause, M.D., of Philadelphia; S. R. Beckwith, M.D., of Cincinnati; Henry M. Smith, M.D., of New York; David Thayer, M.D., of Boston; and J. P. Dake, M.D., of Nashville. The thanks of the Institute were tendered the Beebe Brothers for their courteous attention and excellent fare, E. C. Franklin, M.D., of St. Louis responding in their behalf. In the evening a hop took place at the same house, when many dancers, with joy unconfined, "chased the rosy hours with flying feet."

During the unoccupied hours of the Session, the members of the Institute and their ladies found ample amusement in rowing, sailing, fishing, billiards and tenpins.

The meeting adjourned Friday noon, after a session replete with instruction and remarkable sociability among the members.

JOSEPH C. GUERNSEY, M.D.,
Delegate.

Dr. P. Dudley reported on behalf of the World's Convention Committee, that a number of German writers were preparing papers for that meeting, and several physicians from Germany had signified their intention of being present. Papers were being prepared in France also, and delegates were likely to be present from that country. From England, Drs. Bayes and Hughes were likely to be present, and Drs. Nankivell, Hughes and Drysdale, were preparing papers.

The report of the Scribe was then submitted, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

Weather Proving.

JUNE, 1875. The climate at this city for the month of June is ordinarily one of the most healthy of the year. This is probably due to the greater number of clear days and the lesser amount of rainfall, the absence of very general high winds, and the average evenness of temperature throughout the most of the month, unless probably in exceptional seasons. This year there were four rainy days during the month, fourteen cloudy or partially cloudy days, and the remainder fair and clear weather. The average precipitation was about three inches. The average range of temperature every day during the month was between 59° and 84°. A hot spell occurred during the latter part of the month, the thermometer averaging on the 24th 82°, 25th 83°, 26th 83°, 27th 84°, 28th 81°. This heated term ended on the night of the 28th, with a severe local storm, which reduced the temperature on an average for the following day 10°.

The electrical condition of the atmosphere at this point has been remarkably even during the whole of the spring, and especially during this month, but two or three thunderstorms occurring during the entire month. All of the easterly winds have been cool and chilly, but unaccompanied with much precipitation—an uncommon feature of our easterly winds, as they are usually followed by considerable rainfall. The coolness of these winds may be due to the fact that immense icebergs and large quantities of drift ice have been observed in the northern part of the Atlantic Ocean during most of the month, and as late as the middle of June frosts occurred around Philadelphia and throughout the State, and in the western part of the State light frost occurred as late as the 21st—a coincidence hardly ever noted before. The first two or three days rheumatism and sore throats seemed to be the predominating disease tendency. After this the diseases generally assumed a convalescing character. Following a fall of rain on the 7th sore throats were then more numerous. Sickness then decreased until about the 25th, when the heated spell brought the cholera infantum, diarrhœas, and cholera morbus cases more under our observation.

Consumptives during this month usually improve, except those cases that are in the last stages of the disease, in which the higher temperature of the month as a rule produces greater debility and corresponding dyspnœa and sinking spells. Those in the incipient stages have less cough, feel stronger, and appear to improve generally. Typhoid and scarlet fevers are not usually so prevalent as in the spring months just preceding. Scarlet fever has existed in the city during this month, but is declining. The winter epidemics are not much met with, but diseases of the alimentary canal become more prominent as the heat of the summer advances.

JULY, 1875. The temperature for a summer month has during July been unusually even, with cool nights and pleasant days, with but few exceptions. The thermometer average for the twenty-four hours each day was below 80°, except on the 17th and 23d, when it averaged 80°, and on the 26th, when it averaged 81°. The barometric measurement was quite regular, and there was an absence of any very high winds or long-continued gales. The signal service observer recorded but three days on which rain occurred. The usual heavy thunderstorms of July did not occur. As the result of the hot spell late in June almost all small

children were at the beginning of July broken out with a diffused red eruption, "lichen tropicus" or prickly heat. Rhus tox. would soon dispel this rash, but it was unwise to do so, for soon thereafter diarrhœa or cholera infantum would result in many of such repelled cases. Its best management consisted in encouraging its remaining out upon the skin. I never observed it so general among infants as at the period above named.

The first week was cool, and yet cholera infantum cases increased, and cholera morbus in adults.

The 10th of the month was a damp, oppressive, calm day, and the following day we had an unusual number of headaches, bilious vomitings, and increase of suffering among nervous and spinal cases. During the northeast cloudiness of the night of the 11th and morning of the 12th, we had a great many aches and pains about the chest and general aching all over the body, in patients. Diarrhœas were more abundant and dysentery set in.

Bilious vomitings, and gastralgiæ, and enteralgias very general. Disorders of the alimentary canal were, during the remainder of the month, the prevailing disease, with an increasing tendency to dysentery, rectal and hæmorrhoidal inflammations, for which Hamamelis, in my range of practice, has been a sovereign remedy, most cases being hæmorrhoidal dysentery, with much mucus and dark blood in the evacuations.

Deaths from Cholera Infantum.

Week ending Saturday, June 5, 1875,	.	.	.	.	3
" " " 12, "	.	.	.	.	9
" " " 19, "	.	.	.	.	11
" " " 26, "	.	.	.	.	28
" " July 3, "	.	.	.	.	83
" " " 10, "	.	.	.	.	92
" " " 17, "	.	.	.	.	110
" " " 24, "	.	.	.	.	114
" " " 31, "	.	.	.	.	104
" " Aug. 7, "	.	.	.	.	79
" " " 14, "	.	.	.	.	72
" " " 21, "	.	.	.	.	73
" " " 28, "	.	.	.	.	56
Total deaths in Philadelphia from June 1 to August 28, —					
1875, of Cholera Infantum, . . . . .	.	.	.	.	834

AUGUST, 1875. The temperature for this month, with the exception of one day, on the 2d, when it averaged 59°, was remarkably even, ranging from 63° daily average to 78°,

while no very violent storms of wind occurred. It was an unusually healthy month, notwithstanding it was cloudy or rainy a greater portion of the time, especially the first half.

No especial epidemic disease prevailed, and the tendency was most of the time of a dysenteric character, with more or less cholera morbus, enteralgias, and rectal troubles, with predisposition to menorrhagias and hæmorrhages of various kinds. During the first week, from the 3d to the 6th, the tendency was of an apoplectic nature, with an increase of nervous and spinal cases, wakefulness, and cerebral diseases.

The month closed with a general tendency to convalescence in diseases, and comparative healthfulness throughout the city at large.

Summary of Humidity at the Seashore.

Official Comparative Table.	Cape May.	Atlantic City.	Long Branch.
Mean daily humidity, July, 1874, .	88.3	85.7	78.4
“ “ “ Aug., “ .	78.8	79.0	77.4
“ “ “ Sept., “ .	78.9	83.0	80.0
Mean daily for three months, . . .	82.0	82.6	78.6
SUMMARY OF TEMPERATURE.			
Mean daily temperature, July, 1874,	69.2	70.3	71.4
“ “ “ Aug., “ .	68.8	69.5	69.9
“ “ “ Sept., “ .	68.6	67.8	67.5
Mean daily for three months, . . .	68.9	69.2	69.6

Suggestions on Scarlatina.

Met recently with a case that had a suffused redness of the skin, not the rash; the tongue resembled the acrid, burned appearance produced by a continued use of salt, and there was dark urine.

Gave Nat. mur.³⁰, with prompt relief. The tongue symptom was the most prominent indication.

Bell. was the main remedy for the prevailing form of scarlatina.

Rhus tox., where the eruption was dark, and in cases where there was great restlessness.

For deafness, as a sequela of scarlatina or otherwise, I have found Damask rose valuable. (The ordinary blooming

Damask rose or rose of Damascus, was used to make the tincture from.) *Indications:* Roaring sound in the ear, when the Eustachian tube is obstructed, so that the patients cannot hear their own voice; inability to hear sounds unless loud or clear.

The remedy must not be repeated oftener than once a week. A case in point: After having taken one dose, was better than had been for a year. Gave four doses in all. Deafness was the result of scarlatina. In this deafness of a year the hearing was restored completely in two weeks on its use. No other remedy used.

A. KORNDORFER, M.D.

Up to the time of this report (March), out of sixty-six cases I met with four deaths, one being a case from old-school treatment, the day before it died. Seventeen of these had diphtheritic complication; nine had albuminuria as a sequelæ. Those with diphtheritic complication were the ones that had the sequelæ most severely where sequelæ occurred.

In these all remedies used in the different cases given as indicated summed up are as follows:

Lach., Lycop., Rhus tox., Acon., Apis, Arum trif., Sulph., Nitric ac., Bell., Caladium seguinum, Sulph. ac., Zinc, Verat., Cal. c., Sil., Baptisia, Bry., Merc. viv., Hyosc., Hell., Stram., Dig., Nux vom., Opium.

One case was of a hæmorrhagic tendency, and had livid spots on the body.

Croton tig. is to be remembered in the catarrhal sequelæ attacking the ear.

M. M. WALKER, M.D.

In thirteen cases I have had no deaths. As some of the sequelæ four cases had boils and carbunculous spots, and dark furunculoid eruptions.

Merc. dulcis has beneficial effects in some cases.

For catarrh of the middle ear Iodide of Baryta had been used somewhat, with success.

R. J. McCLATCHEY, M.D.

I had an odd case that had strangury; I gave Canth., and relieved this symptom, but an otorrhœa that had once existed after scarlatina returned. Continued Canth., and an eruption came out, and deafness and otorrhœa were both relieved.

P. DUDLEY, M.D.

Drs. H. N. and J. C. Guernsey then presented some in-

teresting specimens of biliary calculi of enormous size, which they had removed, post-mortem, from a female, aged 61 years. The calculi filled up the gall-bladder entirely, and she died of exhaustion with jaundice, having for five years suffered with excruciating pains, the attacks of which grew more and more frequent, until towards the close of her life, when there was scarcely any cessation of the agony. The urine was highly colored, with offensive odor; vomiting of biliary matter, followed by alleviation of the pain. There was great gastric disturbance also as a constant attendant symptom. Aconite afforded her greater relief than any other remedy; the much-vaunted China proved entirely of no avail in her case.

The President, Dr. A. R. Thomas, having arrived, took the chair.

Dr. Charles Mohr, 1317 Green Street, was proposed for membership; on motion, the rule was suspended and he was duly elected a member of the Society.

Discussion ensued on the Scribe's report. Dr. A. R. Thomas inquired how many physicians aided in furnishing reports for the weather proving. The Scribe replied that now no written reports were sent him, but when he commenced the reports, he asked by circular all the physicians of our school in the State to join with him in making up these observations, and that for several months some four or five sent in written monthly summaries, but then they ceased, and he had no such aid at present.

Dr. A. Korndörfer asked if he did not make inquiries from other practitioners during the month. The Scribe answered that he did, and that from eight to twelve usually furnished him their verifications, or otherwise, during the month. Some months he would meet more physicians than others, and hence the number of observers varied from month to month. He intended to continue them as long as he was a practitioner, and earnestly urged all members of the Society and profession to help.

Dr. P. Dudley related a confirmation recently, in having three cases of severe epistaxis within twenty-four hours, at a time when the Scribe told him that hæmorrhagic disease tendency was then prevailing.

Dr. J. C. Morgan suggested that a series of half a dozen questions be submitted by the Scribe, for the members to answer from month to month.

Dr. Joseph C. Guernsey then read the following interesting paper on *Chronic Rheumatism*, which was accepted, and a vote of thanks was tendered therefor.

CHRONIC RHEUMATISM.

BY JOSEPH C. GUERNSEY, M.D.

IN treating of this subject, it is my intention to give a hasty sketch of its pathology, mentioning such complications as are likely to become involved, and to dwell more particularly upon the homœopathic treatment of the same, according to the law of the similars as taught by Hahnemann.

Definition.—By the term rheumatism, we mean a kind of shifting phlegmasia or neuralgia coming on independently of other acute or chronic diseases or traumatic causes. It attacks the fibrous tissues, the joints, *aponeuroses*, sheaths of the tendons, neurilemma, periosteum, or the muscles and tendons.

Causes.—The most direct causes of this disease are contracting colds by an habitual frequenting of cold, damp, or windy places, by getting suddenly wet especially when overheated, the wearing of damp or wet clothes, not wearing sufficient clothing, sleeping in damp sheets, exposure to a draught of air, etc. Gonorrhœa is a cause. That rheumatic affections are hereditary there is no doubt, as we can often trace back a predisposition thereto through the sufferer's ancestors. In many cases no assignable cause can be discovered.

History.—The disease is world-wide, most common in the temperate zones, occurring especially in winter and spring. We find it oftener in men than in women, and more in persons of a full and robust habit than in those who are weak and anæmic.

Chronic rheumatism may assume that character from the start, or it may result from an acute attack. Of the chronic form we find two varieties. One, consisting of an omnipresent pain of greater or less severity, appearing in one or more joints, accompanied with swelling of the part affected. This swelling depends on an increase of the synovia in the joints, and on thickening of the capsules and ligaments, in which case a false ankylosis of the affected joint may result. The other is a frequent recurrence of temporary acute attacks, owing to a predisposition thereto, either congenital, or induced by previous attacks. The latter class of patients often make the most reliable kind of barometers, predicting with accuracy every approaching change of weather, so susceptible are they

to such an influence. The pain, as in the acute form, is increased by the slightest motion, whether voluntary or involuntary, from even shaking the patient's chair or bed; at times, also, merely the weight of the bed-clothes is too painful for endurance. Rheumatic pains are probably due "to the stretching of, and the pressure on, the elements of the tissue by the dilated capillaries and an inflammatory œdema." The character of the pains, next after gout only in their intense severity, presents an almost innumerable variety of forms, usually partaking of one or more of the following: tearing, stitching, tingling, burning, stretching or drawing, jerking, aching; sensation as though severely sprained or bruised; a feeling of dead numbness. Often, too, we find the symptom described, as though the part were tightly screwed up in a vice. A marked feature of rheumatic pains is their strong tendency to frequently shift about from one part of the body to another, leaving the former part or parts free from pain; and though remitting in their severity partially, if not entirely, their liability to recur in full force at almost any moment. In these migrations, the rheumatism is sure to reappear in whatever joints and muscles are most used; especially in the form of recurrent attacks do we find this.

The fever, which experience shows is always present in a more or less marked degree, is recognized by the usual febrile symptoms, accelerated pulse, etc., and is often accompanied by profuse perspiration. In fact, "the heat of the skin and frequency of the pulse constitute a good index of the severity of the disease, and we may always apprehend a dangerous attack when the temperature rises to and remains persistently at 104° or 105° F.," the normal temperature of the body being from 98.8° to 99.2° F. The temperature of the body in rheumatism never does rise to so high a point as in infectious diseases. Should cerebral symptoms occur, and complications of this nature may appear, it should be carefully ascertained whether they result from an excessive bodily temperature, or from inflammation of the meninges. The urine is loaded with sediment of greater or less density, generally being composed of the urates and uric acid.

When in chronic rheumatism we find the disease moving downwards, leaving the upper parts free, it is a very *good* sign, and moving from right to left is also favorable; but moving from below upwards is a very *bad* sign, and moving from left

to right is unfavorable. A heavy white sediment forming in the urine is likewise a favorable sign.

The effects of arthritic rheumatism are frequently seen in deformities of one or more of the joints of the body which have been attacked, by being drawn into almost any conceivable shape; the metacarpal and metatarsal articulations are by far the most frequently affected in this way.

In muscular rheumatism we find torticollis or wry-neck, and lumbago. The latter affection is peculiar to itself in its sudden attacks, coming on without any previous warning, and remaining sometimes for days with unabated severity. Rheumatic trismus also occurs. Death seldom results from this disease, excepting in severe complications.

Complications.—Of these, by far the most frequent and dangerous are the cardiac, resulting in endocarditis, myocarditis, or pericarditis. Endocarditis and pericarditis denote respectively the inflammation of the heart's internal or external membrane, and myocarditis is the inflammation of the muscular fibres of the heart, whereby they become softened, flabby, and finally disintegrated. In many cases myocarditis results from endocarditis.

Sometimes we find inflammation of the lungs and pleura, and it is well to be on the guard against this. The disease may involve the kidneys, liver, or the bowels; in the latter case diarrhoea or severe constipation may result. Sometimes we find gastric symptoms alternating with rheumatism, one constantly changing for the other. It is well known that a rheumatic diathesis exerts an undoubted influence in the predisposition to sciatic neuralgia.

An important rheumatic complication in children is that of *chorea*. Eminent authorities in French and English hospitals, and in this country also, who have made this matter an object of special study and observation, declare positively that more than one-half the cases of chorea are dependent upon the rheumatic poison; one authority going so far as to state that* "the coincidence of chorea and rheumatism is so common a fact that it ought to be regarded as a pathological law, just as much as the coincidence of heart disease and rheumatism." Gonorrhœal rheumatism we sometimes find occurring in persons suffering from suppressed gonorrhœa. This is entirely arthritic, being most commonly in the knee, and rarely in the

* M. Henri Roger, *Arch. Gén. de Méd.*, 1866, vol. ii, p. 641, and 1867, vol. i, p. 54, and *Gaz. Méd. de Paris*, March, 7, 1868.

foot or hip-joint, the joints of the upper extremities not becoming involved. To the liability to brain complication we have previously referred.

Treatment. 1st. *Hygienic.*—Much can be done toward subduing and eradicating this disease, by strictly observing the following directions:* “Bedding in blankets reduces from sixteen to four, or by three-fourths, the risk of inflammation of the heart, diminishes the intensity of the inflammation when it does occur, and diminishes still further the danger of death by that or any other lesion.” Meigs and Pepper state, p. 595, “The importance of confinement to bed in this disease is difficult to overestimate; the inflamed condition of the joints absolutely demands it, and the tendency to cardiac inflammation warns us to save the heart all unnecessary exertion, which strict attention, as above recommended, to the equable warmth of the surface, effects better than any other means.” Of course, the physician will use his judgment in what cases to enforce the latter. The wearing of red flannel next the skin should be advised as being more protective than linen or cotton.

The greatest possible care should be taken to keep the patient from exposure to dampness, or to changes of temperature, and in regard to the latter, due attention should be paid to regulating as evenly as possible the thermology of the sick-room. A room for the patient should always be chosen that will admit the sun’s rays freely, thereby assisting to dry out any dampness that may exist, a thing to be carefully looked to, and livening up the sufferer by making his apartment look bright and cheerful. Extensive experimentation, in large hospitals and private practice, has taught us positively that patients improve faster and do better in every way when provided with a sunny room.

All drinks and articles of diet of a heating character should be abstained from, particularly if there is much fever present.

Wrapping up the affected part in cotton or raw wool, will oftentimes afford great relief.

We have already noticed the necessity of keeping the patient absolutely quiet. Occasionally a case is met where the rheumatism is only in some part of the lower extremities, but sufficiently severe to make the patient bedfast. To assist him in moving about, there are rings and ropes rigged up and hanging around. The exertion caused by the use of such apparatus

* Dr. Chambers, Clin. Lectures, Amer. ed., pp. 156, 177, etc.

greatly increases the tendency of the rheumatism to spread throughout the entire system, and the arms and shoulders will certainly become involved. Or, rheumatism may be only in the upper part of the body, but moving around too much may cause the disease to spread through the system generally. Too much force cannot be laid on the direction, that, in serious cases, the rest must be absolute.

2d *Institutes*.—Here, for the homœopath, is the great guide, *Hahnemann's Organon*. Too little do we yet know of the great truths and their inestimable value which that book contains. Every homœopathic practitioner should be as familiar with these precepts as is the logician with his logic, the mathematician with his arithmetic, or the chemist with his chemical laws. I will quote some passages directly from the *Organon*, as our *Institutes*, or laws governing the administration of remedies.

Hahnemann's Organon. § 6. "For the physician, the totality of the symptoms alone constitutes the disease. The ensemble of these available signs represents, in its full extent, the disease itself—that is, they constitute the true and only form of it which the mind is capable of conceiving." In scarlet fever, measles, rheumatism, or what not, to cure the disease, it is merely requisite to remove all the symptoms occurring in the patient. Again, § 18. "The totality of the symptoms is the sole indication in the choice of the remedy." Hahnemann lays great stress upon the "*totality of the symptoms*" as being the only existing malady to be cured, and as being the only indication in the choice of a remedy, and frequently calls our attention to these points throughout the *Organon*. § 52. "From the process employed by nature, the physician may deduce the doctrine of curing diseases by no other remedies than such as are homœopathic, and not with those of another kind (allopathic), which never cure, but only injure the patient." That is, a physician is not to "apply remedies whose effects have no direct or homœopathic relation with the disease that is to be cured." In such a severely painful disease as the one in hand, the physician is too apt to yield to a temptation to alleviate by the inward administration or external application of palliatives, such as mustard, painting with iodine, chloroform, morphia, or some powerful anodyne. We cannot too strongly object to this pernicious practice, and Hahnemann says: § 60. "Where a palliative is employed, the gradual increase of the dose never cures a

chronic disease, but renders the state of the patient worse." And further, the result of palliatives is, that "sometimes a still severer malady declares itself, sometimes life is endangered, and even that the patient falls a sacrifice." Where the palliative system has been pursued, even when not fatal, we have too often seen the sad results in the shocks on the nervous system, and the general undermining of the patient's health by its becoming less able to withstand and resist the attacks of disease. To the calm and clear-minded observer, these results are sufficiently conspicuous. § 71. "The three necessary points in healing are: 1. To ascertain the malady" or "totality of the existing symptoms;" 2. We must know what in a healthy subject is "the action of the medicines;" 3. "Their appropriate application." § 153. "What kind of symptoms ought chiefly to be regarded in selecting the remedy" are those which are "*striking, singular, extraordinary, and peculiar* (characteristic); *for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond*, in order to constitute it the remedy most suitable to the cure." Most important to be observed is § 154. "A remedy that is perfectly homœopathic cures the disease without any accompanying ill effects." That is to say, under skilful and proper homœopathic treatment, in a case from its start, we are freed from the dreadful sequelæ and complications so burdensome to the old school. We find an important fact, in the treatment of this very disease, by reading §§ 185-203. "The treatment of diseases with local symptoms; their cure by means of external applications is always injurious." The next direction, written by Hahnemann in *italics*, is one from which he earnestly cautions us against ever making a departure. §§ 272-274. "*Only one simple medicine is to be administered at a time.*" "Experiments have been made by some homœopathists in cases where, imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though, in some instances, it may appear serviceable."

The only answer to what remedies shall we think of in this disease, is, all the known *Materia Medica*. We are to remember that the twisted neck, the crooked fingers, the stiff knee, and the swollen limb, are *not* the disease, and must not

be considered as such. They are merely the *results* of the diseased "*vital, dynamic power.*" Local treatment applied to the part affected is absurd, and is worse than useless in being, as we have already seen, positively injurious. *Org.* § 15. "The sufferings of the immaterial vital principle, which animates the interior of our bodies when it is morbidly disturbed, and the mass of symptoms produced by it in the organism, which are externally manifested, and *represent the actual malady*, constitute a whole—they are one and the same."

In a case of sickness there is but one person, he has but one "vital principle," which, when diseased, the "mass of symptoms" arising therefrom, constitute but one malady. When, for instance, we find a case where rheumatic troubles are alternating with gastric, be it remembered, we have but *one* disease, not two, which is to be combated with but one single remedy at a time. The wee pill, carefully and homœopathically chosen, kills the disease as certainly and effectually as the smooth pebble from David's sling slew the mighty Goliath. The heavy weapons and cumbrous armor were laid aside as availing nothing, and so also should we lay aside the palliatives, local applications, etc.

We must not be in too great a hurry to change our remedies. The action of a drug does not always develop itself immediately, even when taken by healthy provers; and after administering a carefully chosen remedy to the patient it is all-important to *wait*, wait patiently for the result. A favorable action may be going on unknown to us, which if left undisturbed will finally appear in the shape of a wonderful improvement. If improvement ceases, let us carefully decide whether it would not be better to repeat the same remedy before taking up a new one.

Therapeutics.—The principal remedies here, as elsewhere, are of course the polychrests, presenting their usual train of well-known symptoms. It is not necessary to review them here. For a very full and satisfactory register of the remedies most common to this disease, I refer to *Rau's Pathology*, to *Jahr's Clinical Guide*, and to a valuable paper by P. P. Wells, which may be found in that book of so much value to us all, the *Record of Homœopathic Literature*, for the year 1875. Beside quoting a few of the above, I will give some important hints kindly furnished me by Drs. C. Hering, A. Lippe, and H. N. Guernsey.

The remedies most commonly to be thought of in chronic

rheumatism are *Causticum* and *Sulphur*, they having the widest and most general range.

The principal remedies in rheumatism resulting from suppressed gonorrhœa are particularly *Daphne ind.* and *Nitr. ac.*

Acon.—In old rheumatic affections induced by exposure to a draft of cold dry air.

Actea sp.—Very severe, *agonizing* pain in the metacarpal or metatarsal articulations, or in small joints generally.

Æscul. hip.—Pain across small of the back, accompanied with sensation of great weakness and “given out” feeling in the sacro-iliac symphysis.

Asaf. (Ruta).—If the seat of the pain be in the periosteum.

Cale. carb.—If induced by working in the water or by a long continuance in it; leucophlegmatic temperament.

Cale. jod.—Stiff knees; severe pains; worse in bed; serofulous diathesis.

Cale. phos.—Every cold causes rheumatic pains in the joints and various parts of the body. Rheumatism pertaining to cold weather, getting well in the spring and returning in the autumn.

Caust.—Rigidity of joints; better from warmth; worse from cold air; averse to being uncovered; evening aggravations.

Cham.—Pains that seem too extremely severe for the patient to bear, accompanied with great mental irritability and spitefulness.

Dule.—Having taken cold from exposure to dampness, whether from damp weather, damp room, sitting on damp ground, etc.; (also *Merc.* and *Rhus*) rendering the “neck stiff, the back painful, the loins lame.”

Eupat. per.—Rheumatism, especially in aged persons, with sensation of soreness of the bones, leaving the ankles and feet swollen; profuse discharge of clear urine.

Guaj.—When the limbs or arms are drawn up and curved, and every attempted motion greatly aggravates.

Kali bi.—Rheumatism alternating with gastric symptoms, as *e. g.*, one appearing in the fall, the other in the spring. For rheumatism appearing regularly once a year at the same time. (Also for any other disease appearing at the same fixed time regularly every year, dysentery, constipation, sore throats, hoarseness, etc.)

Lachmant.—When the neck is very painful on slightest motion, and is *drawn down on one side.*

Merc.—Rheumatic pains, especially in the limbs and joints, worse at night, with profuse perspiration that gives no relief.

Nux mos.—Rheumatism of left shoulder and right hip.

Nux vom.—"This remedy above all if the large muscles of the trunk, chest, and back are principally affected."

Sanguin.—Rheumatism in the right shoulder (also Ferrum and Fluor ac.) and left hip.

Silicea.—Rheumatism causing such tenderness of soles of feet that patient can't walk.

Tilia eur.—Rheumatism with hot perspiration, giving no relief, so profuse that patient lies in a perfect bath of it.

Verat. alb.—Rheumatism worse from heat of the bed (Rhus t. better), relieved when rising, and disappearing on walking about; these symptoms usually appear in the morning. *The bed feels too hard* (Arn.).

For cardiac complications some of the following will be found very useful:

Cactus gr.—Sensation as though the heart was griped in a hard iron band.

Digital.—Very slow pulse, sometimes low as 40.

Kalmia lat.—After rheumatism, hypertrophy of the heart with thickened valves; all pains worse during motion, better from rest.

Lachesis.—Shortness of breath after every motion; inability to lie down on account of a suffocating sense of fulness in the chest, with the necessity of removing all pressure from the neck; gasping for breath; worse on going to sleep; patient seems to sleep into trouble, and awakens feeling worse.

Lithium carb.—Valvular insufficiencies caused by calcareous deposits; pains in the heart extend to the head; trembling and fluttering of the heart; rheumatic soreness of the heart; painfulness of the feet, ankles, metatarsus, all the toes, especially of the border of the foot and the soles; burning in the great toe; mostly indicated in gouty cases.

Spig.—Stitches in the heart, and violent throbbing, so that the motions of the heart may be seen through the clothing.

Spongia.—Violent palpitation of the heart, awakening one after midnight, with sense of suffocation, bellows murmur, loud cough, which is perfectly hard, tight, and dry, great alarm, agitation, anxiety, and dyspnoea.

Three important rheumatic remedies, belonging to the same family, are *Kalmia lat.*, *Rhod.*, *Ledum pal.*, and may be compared and contrasted as follows:

Ledum.—Affects shoulders and hips.

Rhod.—Affects fingers.

Kalmia lat.—Affects forearms and lower legs.

Aggravation. *Kalmia lat*.—When going to sleep.

Rhod.—During sleep; from rest; before a thunderstorm.

Ledum.—When waking; from motion.

Ledum.—Rheumatism moving from the feet upwards.

Rhod. (and *Cactus gr.*).—Moving from above downward.

DISCUSSION.

Dr. J. C. Guernsey said: While walking last evening with a young gentleman of my acquaintance, he spoke to me of having been very much troubled with *chorea* two years previously. On my asking him if he had ever had rheumatism, the reply was, "Yes! ever since I can remember, and all my family are subject to it." This further confirmed me in the complication of rheumatism and *chorea* referred to in my paper.

Dr. P. Dudley spoke of having confirmed in his own practice the *Cactus* symptoms.

The patients complained as if the heart was being grasped by a firm iron band. Two cases having this symptom were related, both being cured promptly by *Cactus g.*

He related also a case of gonorrheal rheumatism, where there was pain and stiffness in right shoulder and right knee, also stiffness in right hand and foot, for which he was giving *Lycop.*, and which was still under treatment. He thought local applications in rheumatism very prejudicial, and yet every patient desires them. He agreed with Dr. Guernsey in their non-use, and he wished they could be entirely excluded, as they do no good but are injurious.

Dr. A. Korndorfer advised *Kali hyd.* for stiffness in the knee. He asked if the symptoms of *Kalmia latifolia* were the result of Dr. Guernsey's experience, or only clinical provings.

Dr. J. C. Guernsey said they were confirmed by Drs. A. Lippe and C. Hering. The locations of the attacks were the forearms and lower legs.

Dr. A. Korndorfer said with reference to *Causticum*, it had rigidity of the joints, and related a case where there was a distorted condition of all the joints. Gave *Causticum*, and there was more pain with more distortion the next day, after

he gave the first dose. The following day he gave Guaiacum, and the distortion and pain left as if by magic within ten hours. He used Bell. as a constitutional remedy in all cases of rheumatism more frequently than he did Calc. carb. Another case he mentioned where he used Manganum; there were violent burning spots, about the size of silver quarters, over the body, and especially about the wrist. Gave Mang.¹⁰⁰⁰, and relieved the case in three days.

Dr. E. A. Farrington stated that patients often got rheumatism from sitting on cold marble steps; they thus take cold and rheumatic symptoms follow. Nux vom. was the specific remedy in such cases. Where patients complain of twitching and jerking of limbs he cured with Ars. He also used Cham. and Sulph. in such cases. Dr. J. C. Guernsey said he had not had such cases. Dr. Dudley had two cases, which were not reached by Ars.

Dr. Farrington had had one case of jerking and twitching, just as the patient was dropping off to sleep, with burning. Sulph. cured it.

Dr. Henry N. Guernsey said that Sulph. very high would usually relieve all such cases.

Dr. J. C. Morgan referred to attacks of deltoid rheumatism in himself, which a number of remedies would produce, but Sulphate of Quinine would always bring it on.

The discussion here closed on this subject.

Dr. John N. Mitchell then read the following paper, which was accepted with thanks:

A CASE REQUIRING PREMATURE LABOR.

BY J. N. MITCHELL, M.D.

ON the 23d of August I saw a case with Dr. Wandel, which seems of sufficient importance and interest to give to the profession. The patient was a young woman of twenty-three years of age, who was for the second time pregnant, and within two or three weeks of term. She had a bad curvature of the spine, with the convexity to the right, making in an already small woman a very narrow and contracted space for the contents of the thoracic and abdominal cavities. The abdomen was very large and protruding greatly, as is generally the case in a pregnant woman suffering from spinal curvature. She was in a semi-unconscious state, and had been so for three days before I saw her, though the expression of her face occasionally indicated that she was suffering from

pain at irregular periods, and the manner in which she struck at and clutched her abdomen located these pains. Upon vaginal examination the os was found high up, and not at all affected by the pains from which she seemed to be suffering, and had a general rigid, unyielding feeling. The urine was quite scanty and slightly albuminous. From the great size of the uterus and the resulting impeded action of the diaphragm, her breathing was labored and very rapid, and occasionally she would become asphyxiated, and at one time this lasted so long that death seemed imminent. The severity of these symptoms led us to try and produce premature labor, and I left Dr. Wandel to try the efficacy of the douche, with the understanding that if that was unsuccessful, I should again meet him and dilate the os mechanically. The douche not acting promptly enough, and her symptoms still continuing alarming, after catheterizing her, the bowels having already emptied themselves, we proceeded to dilate by means of Molesworth's dilator, at the same time administering *Gels.* internally. This dilator acts upon the principle of Barnes's, but has this advantage, that you can commence to dilate by its use before any dilatation has taken place at all, and continue by graduated bougies to three inches. The bougies are made of strong rubber, and are hollow. They fit tightly to a piston by means of a screw, and water is forced into them from the piston gradually and forcibly by means of a screw. They are so constructed that while they will dilate laterally, they do not increase in length. By means of a stop-cock, the piston, being unscrewed, can be refilled with water, while the bougie is unmoved, the stop-cock preventing the escape of the water already pumped into it. Each bougie contains a copper wire, which can be bent to the angle of the uterus, and which also aids in the passage into the uterine canal.

The insensibility of the patient continued during the passage of the first bougie, which dilated to the extent of an inch, but very shortly after the water was begun to be forced into it, regular pains set in, and gradually the woman was restored to consciousness. On account of this we proceeded much more gradually in the dilatation than we might have done, taking something more than three hours for the complete dilatation, when the last bougie was withdrawn, and the labor allowed to proceed naturally to an end, the only further difficulties being a very thick membrane, which I was obliged to rupture, and a temporary absence of pains just after the escape

of the water. As this lasted for some time, and the woman began to show signs of again becoming unconscious, and convulsive twitchings occurred, we determined to deliver by the forceps, and I was just applying them when a terrific long-lasting pain came on, expelling the child, which was followed by a gush of water. The mother fell back exhausted and fainting, and sank so rapidly that we feared we had lost her, but she presently rallied, and is now making a good recovery. The child was a boy, weighing something near eight pounds, with a fair-sized head. The position was the left anterior of the vertex. He was asphyxiated when first born, but soon breathed, and is now doing well. The quantity of the amniotic fluid was immense. The cord was white and bloodless; not a single drop of blood escaping when it was cut. This case is interesting for many reasons, amongst which may be mentioned the return to consciousness so soon almost as dilatation of the os commenced, and which leads to the inquiry as to the cause of this. Was it due to dilatation or the action of the *Gelseminum*? Then again the very satisfactory action of this method of dilating the uterus, and the successful results in saving not only the life of the mother but also that of the child. More imminent and threatening danger to life cannot be imagined than was manifested in this case. I am satisfied that the woman would not have lived much longer if not delivered, and that even if labor had come on naturally, she could not have survived the tedious natural process. The indication in all such cases is most certainly to empty the uterus of its contents, and so relieve the pressure. That the mere action of the dilatation of the os has some effect temporarily of relieving the severity of the symptoms was witnessed in this case; but the return of the symptoms towards the end of the labor, during the expulsive period, leads me to think that it is advisable to either produce version or deliver by instruments so soon as dilatation is completed, and not to leave the latter process to nature. This phenomenon has been noticed before, in cases where albuminuria has been present, and where natural labor has occurred, that the first stage of labor has been favorable, while in the second stage convulsions have occurred. In fact, during the expulsive stage is the more frequent time for convulsions. May not this case somewhat explain that fact by illustrating the good results to be expected from the action of dilatation, while it also acts as a warning to us to be prepared for the second stage, in all cases where albumen

has been discovered in the urine before labor, and to expedite the delivery mechanically, no matter how favorable the symptoms may have been during the first stage.

September 9th. In a communication received to-day from Dr. Wandel, he informs me that the woman continued semi-unconscious and delirious for about thirty hours after confinement, and then began to rally, and is now entirely well, as is also her child.

DISCUSSION.

Dr. Mitchell wished to know if any one had observed in these cases of unconsciousness the action of remedies or of dilatation.

Dr. Dudley said the late Dr. Walter Williamson had observed but few cases of this character in a lifetime.

Dr. H. N. Guernsey had always said that parturition was not a mechanical operation, but was the last act in the grand function of reproduction. The return of consciousness was not the result of the dilatation of the os. There was some morbid condition, some dynamic vital force disturbed. We must find the remedy that will harmonize the vital forces, and then all will work well. We must first obey the law of notation, and then follow out our law clearly. We must not seek to get some mechanical result first. We must obey the law, apply the remedy, and the answer comes to us.

Dr. Mitchell differed with Dr. Guernsey. Here we have a deformed pelvis, a spinal curvature, and the abdominal viscera are pushed up, and likewise the thoracic organs forced out of position. If we seek the remedy for such a case, we should, of course, according to Dr. Guernsey's ideas, find one that produces lateral curvature of the spine and these deformities and the alarming symptoms attending an advanced pregnancy with such malformation.

Dr. H. N. Guernsey had had many cases of curvature of the spine and deformity of the pelvis, where labor pains were as perfectly natural and the action of the uterus as regular as in normal structures.

Dr. Morgan thought we might make too much of the lateral curvature of the spine in such cases, the same as we might distortion from contraction of muscles in certain cases. Most cases of spinal curvature are due to habit. If the right arm is used more than the left we will have lateral curvature, and therefore have two comparative curvatures also. This

case should be regarded as an aggravated instance of this kind. There might be some faulty defect in the bony deposit perhaps; at any rate a fault in the dynamic forces. Defective nutrition of bones of the spine may have induced it. The contracted os and coma were concomitant symptoms. Thinks with Dr. Guernsey that the faulty action of the dynamic forces were not to be disregarded, and should be treated with the proper remedy. He had, however, had cases where mechanical means were needed.

He related a case of placenta prævia and shoulder presentation. The case became very bad. He used a colpeurynter to dilate with. It broke off about an inch from bulb, but was not entirely useless. He then gave Bryonia every time she complained. In an hour the great straining caused him to remove the instrument. The dilatation was thus made under Bryonia, and the use of the colpeurynter, and after a difficult time the patient did well and recovered.

Dr. Korndörfer quoted from Ziemssen's late work on the subject of relieving vomiting of pregnancy. In some cases there is a puckering of the inside of the os, and by simply placing the finger in the os, and sweeping it around it, relieves the puckering, and also the other symptoms.

He mentioned a case where a malformed pelvis existed, and embryotomy had previously been performed by an old-school physician, and next time the lady was pregnant he was called to attend her. He let her go to full time, nine months, and she got along well without embryotomy.

The time having expired, the President declared the Society adjourned.

SOME REMARKS ON THE MICROSCOPICAL STRUCTURE OF LYCOPODIUM SPORULES

IN RELATION TO THEIR PHARMACEUTIC AND THERAPEUTIC VALUE.

BY MR. I. C. THOMPSON, OF LIVERPOOL (Homœopathic Chemist).

OF which the following is a condensed report :

Mr Thompson said: The appearance of the fine dusty sporules of *Lycopodium* in mass is well known to all pharmacists, being extensively used as a harmless covering for pills, also as a puff-powder on account of its extreme fineness; and on the Continent not unfrequently as a producer of artificial fire, from the quality it possesses of flaring up when ignited.

It has often struck me as a very anomalous and unexplained fact that the remedial virtues of the *Lycopodium* sporules should be entirely

ignored by the large dominant school of medicine, while by the smaller, but perhaps not less enlightened, body of homœopathic practitioners, *Lycopodium* has from the commencement proved one of their most cherished remedies.

It was with a wish to solve if possible this incongruity that I have recently made a series of experiments with the aid of the microscope. A crude examination of *Lycopodium* in the microscope, with a one-inch objective, shows it to be composed of an infinitesimal number of minute hard straw-colored particles, each about $\frac{1}{800}$ th of an inch in diameter. Upon applying a quarter or one-fifth objective, these little particles will be seen to possess a definite regular form, each particle being a hard nut, rounded on one side, converging in triangular lines, with flattened sides, to an apex on the other side, and the whole surface covered with rounded knobs.

After pounding a small portion for a considerable time in a Wedgwood mortar, examination showed the nuts not to be perceptibly altered or fractured; but on repeating the process with a very minute quantity of the sporules in an agate mortar and pestle, many of the nuts were found to be completely fractured and their contents dispersed. Conjecturing that the contents of the nut, whatever its nature, contained the vital medicinal element of the *Lycopodium*, the broken sporules, with the addition of a drop of water, were put under the microscope, when a large number of unmistakable oil-globules were at once visible.

A similar experiment to the last was next made, but with the addition of ether to the ground sporules in place of water, the result being as anticipated that no oil-globules were visible, being absorbed by the ether.

These experiments seem to prove conclusively that, as in the case of many seeds, the hard-cased sporules of the *Lycopodium* are filled with a peculiar oil. If then, as surmised, it is to the action of this oil upon the system that the medicinal virtues of *Lycopodium* are to be ascribed, the apparent inconsistency respecting it between the two systems of medicine is at once explained: the nutty sporules as administered in their unaltered form by the adherents of the old school probably passing through the system without any assimilation having taken place; while, on the other hand, the homœopaths have by trituration and subsequent attenuation extracted the oil, and administered it in a form easily assimilable with the tissues of the body.

Having investigated thus far the true physical nature of the remedy, there remains to be determined the best means of most thoroughly extracting this oily matter, and the most suitable menstruum and form for its preparation and administration.

To this end six months ago I prepared a series of mixtures (which are on the table before you) of the following fluids with a given quantity of the *Lycopodium* sporules, viz., alcohol (absolute, rectified, 20 O.P., and proof), distilled water, glycerin, and ether, and heated each (the glycerin solution excepted) to boiling-point for a few minutes. Upon then examining them under the microscope, no alteration in the form of the sporules was perceptible in any of the solutions, and now after six months I think you will see, that with the single exception of the ethereal preparation, in which a large proportion of the sporules are swelled out and broken, none of the solutions appear to have produced any visible change in the appearance of the sporules.

Mr. Thompson here exhibited the different solutions, showing a drop of each under the microscope (one-fifth objective), confirming the above statement.

As all of you are aware, the *British Homœopathic Pharmacopœia* recommends that *Lycopodium* should be prepared in trituration; and, no doubt, the good results accruing from *Lycopodium* (so frequently administered in the higher attenuations) are owing to the long-continued triturating process of the hard sugar crystals upon the shells of the sporules, fracturing many of them, the milk sugar absorbing the contents.

But I was not a little surprised to find on microscopically examining the lower triturations how few comparatively of the sporules were broken, the greater number of them having escaped fracture altogether, lying about among the sugar crystals quite uninjured.

The 1st trituration was then exhibited in a drop of water under the microscope, showing the entire sporules lying about amongst the sugar or milk crystals.

The first centesimal trituration did not yield very much more satisfactory results; for, upon examining a little of it in a drop of water with the one-fifth objective as before, the separate sporules were still seen in many cases clustered together in small masses, a large number not being at all injured.

In examining the second and third centesimal triturations, however, it was found that the triturating process had thoroughly succeeded, for all the sporules appeared to be completely broken, and numbers of oil-globules were floating about in the water.

These experiments upon the triturations of *Lycopodium* were entirely confirmed by examining samples of the same triturations procured from other homœopathic chemists, all yielding precisely similar results.

Subsequently, I have been at some pains to practically ascertain, if it be possible to prepare a *proper* 1st trituration of *Lycopodium*. It is not to be attained by making it according to the allotted time in the *Pharmacopœia*; but I find that if a small quantity (not more than 500 grains) be very well triturated for two hours, the 1st trituration so prepared will, on microscopic examination with the one-fifth objective, show all the sporules to be thoroughly crushed. The first centesimal and higher triturations made up from this will be found to be intimately mixed, and minute subdivision completely accomplished.

It thus becomes evident that a very considerable amount of trituration is essential in order to thoroughly break the outer cuticle of the *Lycopodium* sporules, and so to free the inside contents; the trituration form, therefore, certainly appears to be the best method of preparing and administering the drug in its lower attenuations. If made at all as a strong tincture, the previous experiments conclusively show that ether and not alcohol should be the vehicle used.

In this series of experiments I have merely endeavored to make good a theory that will reconcile opposite statements respecting the therapeutic value of a particular substance. In so doing I would not be so presumptuous as to say that in no case will the *Lycopodium* sporules, if taken in their ordinary form, affect the system either curatively or otherwise. This lies within the province of the medical practitioner to determine, and exactly opposite statements on the point have been made, the allopaths, as before stated, being satisfied in discarding *Lycopodium* altogether from their *Pharmacopœia* as worthless.

With us, as disciples of Hahnemann, *Lycopodium* ever holds a high place, owing, I believe, to our having (whether consciously or not) extracted from it by prolonged trituration a virtue unknown to those with whom quantity is an indispensable adjunct to success in treatment.—(*From the Transactions of the Homœopathic Pharmaceutical Association, at a meeting held at Leeds, June 24th, 1875.*)

THE

HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, October, 1875.

No. 3.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE September meeting of this Society was held at the Supreme Court Room, in Syracuse, on Thursday, the 16th, Vice-President Brewster occupying the chair.

After disposing of the minutes of the last meeting, on motion the following Committee on Credentials was appointed: Drs. Boyce, Young, and Wallace.

On their favorable report, William A. Griffith, M.D., of Chittenango, was duly elected a member of the Society.

On motion of Dr. Swift, of Auburn, the following committee was appointed to write a history of this Society, to be presented to the Philadelphia Homœopathic Centennial Celebration Committee next year: Drs. Hawley, Swift, Boyce, Wells, and Miller.

On motion of Dr. Thompson, the Society decided to take action on the late change in the board of trustees of the Middletown Insane Asylum, and the following Committee on Resolutions was appointed: Drs. Swift, Wallace, Benson, Wells, and Miller.

On their report the following resolutions were unanimously adopted:

“WHEREAS, In the closing days of its session, the last State Legislature, without the knowledge of the profession at large, made such changes in the governing board of the State Homœopathic Asylum for the Insane at Middletown as to revolutionize its entire character; and,

“WHEREAS, It saw fit to remove at that time, without warning, nearly

the entire board of trustees, whose appointment was only one proof of the high esteem in which they were held by the profession, and to whose labor more than to any other cause, the asylum owes its existence; and,

"WHEREAS, Their places were filled by men unknown to the profession, whose every interest, it is to be feared, is hostile to the principles on which the institution is founded, and of which it has been the exponent up to the present time.

"*Resolved*, That the Homœopathic Medical Society of Central New York hereby respectfully enters its protest against such legislative action, which it can only characterize as highly detrimental, not only to the interests of the asylum, but to the interests of Homœopathy as represented by its believers and practitioners throughout the State; and

"*Resolved*, That this Society respectfully requests the speedy repeal of the late objectionable amendment and the restoration of the original charter, and the reinstatement of the active members of the original board of trustees, or the appointment of a new board of genuine representative homœopathists. And whereas, by his own confession, Horace M. Paine, M.D., of Albany, is proved to have been the prime mover in said changes,

"*Resolved*, That this Society hereby repudiate the said acts of Dr. Paine, and would hereby recommend that the State Society, at its meeting to be held in New York, September 21st and 22d, take such action upon the case as the aggravated circumstances seem to demand."

The regular subject for discussion being cerebral remedies, Dr. H. V. Miller read the following paper:

ANALYTICAL COMPARISON OF CEREBRAL REMEDIES.

BY H. V. MILLER, M.D.

Aconite is not properly classified with cerebral remedies, yet in cerebral congestion, some difficulty is found in individualizing Aconite and Belladonna. For instance, in a case of sunstroke with congestion of blood to the brain, stupefaction bordering on coma, injected eyes, and excited pulse, there might on a superficial examination exist some doubt which of these two remedies was indicated in the case. Hence, if one were to prescribe without further investigation, the two remedies would doubtless be given in alternation. But Aconite does not have complete coma and insensibility, while in Belladonna this mental condition exists in a prominent degree. Both have dilated pupils, and afterwards contracted pupils, but Belladonna the more prominently of the two.

Aconite produces cerebral congestion by paralyzing the arterial capillaries of the brain. And this congestion is always attended with febrile heat; full, hard, and frequent pulse; red, scanty urine; violent headache; stupor; partial insensibility; great restlessness; changeable mood; inconsolable anxiety and fear of approaching death, more or less of these symptoms being present in every case.

On the other hand, *Belladonna* has cerebral congestion of an active form, caused by nervous irritation and excitement instead of paralysis. This active congestion is characterized by flushed face, injected eyes, dilated pupils, hot head, delirium or loss of consciousness, and violent throbbing of the carotids. There is aggravation from light, motion, and the slightest noise. Instead of fear of death, the patient desires death. It has nervous anxiety, restlessness, and desire to escape. There is a marked difference between these two remedies in regard to the pulse, the restlessness, and the time of aggravation of symptoms. The *Aconite* pulse is full, hard, frequent, and sometimes intermitting, and when slow, it is threadlike. The *Belladonna* pulse is frequent, often full and hard (like *Aconite*), tense, occasionally soft and small, but when slow, it is full, not threadlike as in *Aconite*. *Belladonna* has *sleeplessness* with drowsiness *before midnight*, and starting during sleep as in a fright. *Aconite* has *sleeplessness* with restlessness, and constant tossing about, worse after midnight. *Aconite* has a general aggravation of pains at night in bed; *Belladonna* at 3 P.M., and *after midnight*. *Aconite* is adapted to persons of plethoric constitution, with lively character and a highly colored complexion; *Belladonna* to a lymphatic or plethoric subject, to diseases of women and children, and to persons of mild disposition, with blue eyes, light hair, fine complexion, and delicate skin.

Hyoscyamus has cerebral excitement, with restless sleep, and but little determination of blood to the brain.

Stramonium has less congestion of blood to the head than *Belladonna*, but more than *Hyoscyamus*, yet it surpasses both in the violence of the delirium.

Belladonna has delirium with frightful visions. The patient is disinclined to talk, or she talks very fast.

The *Hyoscyamus* patient answers a question correctly, and then immediately relapses into delirium and unconsciousness. He talks of business (like *Bryonia*), and fears being poisoned (*Rhus tox.*), as in delirium tremens; whereas the *Stramonium* patient has very loquacious delirium, talking very earnestly, and, as in mania a potu, desiring light and company.

Opium paralyzes the brain and muscular system. It has coma with dilated pupils, purplish face, stertorous breathing, with half-open eyes and general relaxation of the muscles. Small doses of *Opium* produce contracted pupils.

Alcohol, like *Hyoscyamus*, primarily produces cerebral ex-

citement without great congestion of blood to the brain. This condition is soon followed by drowsiness, and when considerable doses are taken, the brief primary excitement is followed by stupor and delirium, dilated pupils, and stertorous breathing, in this respect resembling Opium. It robs arterial blood of its oxygen, rendering it of a dark, venous color. It produces a deficiency of fibrin, and an excess of fat in the blood, hence it does not conduce to the development of muscle. Its empirical use in disease has resulted in greater detriment to the human organism than any other drug that ever cursed the race.

Glonoïn produces congestion to the head, as if the vertex and temples would burst open. The pain, heat, and fulness in the head ascend from the chest, neck, or back part of the head. The pains are relieved by lying down, and by uncovering the head; the reverse of *Belladonna*.

Coffea produces hyperæsthesia of all the special senses and of the susceptibility to pain. The pains are so severe that they seem insupportable, and almost drive to despair, hence this remedy is appropriate in insupportable labor pains. Even trifles produce excessive weeping and lamentation. It produces sentimental ecstasy and excitement of the imagination. And pleasant surprises may produce congestion of blood to the head. It produces sleeplessness from over-excitability of mind and body. The head aches as if it were torn or dashed to pieces, or as if a nail were driven into the vertex. An analysis of the constituents of coffee will explain many of its pathogenetic symptoms.

The principal ingredients of coffee as well as tea are tannin, thein, and volatile oil.

Thein produces retardation of the process of waste and repair, and hence diminished excretion of urea and phosphoric acid.

Tannin produces intoxication, like the betel-nut, which largely contains this substance.

Volatile oil produces paralysis of tea-packers; wakefulness; headache; dizziness; agreeable excitement; perspiration; catharticism, and exhilaration of the reasoning powers.

Cuprum and *Cicuta* affect chiefly the medulla oblongata and spinal cord of the cerebro-spinal axis. Both have blueness of the face and lips. *Cuprum* has general coldness of the surface, like *Camphor*. *Cuprum* has greater intensity of action than *Cicuta*. It has violent spasms, convulsions with

fearful cries, violent vomiting and diarrhœa, and long-continued paroxysms of convulsive coughing (from irritation of the pneumogastric nerve). The cough may terminate in a cataleptic fit. Both produce opisthotonos from spasms of the spinal muscles, and both have nausea and vomiting from irritation of the pneumogastric nerve. Cuprum has retrocession of eruptions, with vomiting, and spasms of the facial and flexor muscles.

Cicuta has convulsions, with sudden rigidity of the lower portion of the body and of the lower extremities, and violent contortions of the upper extremities. In such cases the spasms affecting the lower portion of the spinal cord are tonic, while those affecting the upper portion are clonic.

In other cases, as in cerebro-spinal meningitis, the head is retracted by tonic spasm of the posterior cervical muscles. It has vertigo with tendency to fall backwards. During the convulsions the eyeballs are fixed upon one point by tonic spasm of the recti muscles. These muscles are supplied by the third and sixth nerves, which originate in or near the cerebellum and medulla oblongata (*Arsenicum* has eyeballs fixed upward). The heat of the head attending the convulsions originates in the lower occipital region. The convulsions are often occasioned by reflex action upon the medulla from irritation of the pneumogastric nerve.

The primary effects of *Camphor* are sinking of the pulse and sudden prostration, with great superficial coldness. Yet the patient cannot bear to be covered, probably on account of the internal heat indicated by the hot breath. (*Veratrum*, wants to be covered; *Aconite*, throws off the clothes).

There may be spasms of the extremities, which are cold and blue. Labor pains suddenly cease, with coldness and blueness of the skin. The failure of the pulse and the superficial coldness indicate an arrest of the circulation to the extremities, and to the superficial capillaries. This defective circulation seems to be caused by partial paralysis of the vaso-motor nerves, whose nervous centre is said to be located in the medulla oblongata, and not in the sympathetic system as formerly supposed. The blueness of the skin from venous obstruction is caused in some cases by the muscular spasms.

The secondary or reactionary effects of *Camphor* are hard, bounding pulse; throbbing pains in the cerebellum like the pounding of a hammer, synchronous with the beats of the

heart; burning heat of the skin; red face; much anxiety and restlessness, and sensitiveness to cold air.

This paper was generally discussed by members present, and many clinical cases were reported to illustrate the peculiar action of each remedy.

Discussion.

Dr. Boyce: One indication of Glonoin is, cannot lie down. He questioned the reliability of the symptom of Glonoin contained in the Secretary's paper, relief of headache on lying down.

The Secretary had verified this symptom in practice and in his own case. He found, as an attending symptom, relief from uncovering the head. Drs. Frost and Lippe have published verifications of these characteristics.

Glonoin may be indicated in mild forms of headache, as well as in violent, congestive, bursting headache. We cannot expect to find all the prominent indications for a remedy before we conclude to prescribe it in any case.

Dr. Boyce: Opium, Alcohol, and Cicuta primarily contract the pupil; secondarily dilate it. This is the reverse of Belladonna, Stramonium, and Hyoscyamus. Cannabis indica has two opposite mental states: joy, gayety, exaltation of spirits, loquacity, uncontrollable laughter, and great mental depression, moaning, wretchedness, sorrow, and taciturnity.

Opium may render a patient wild and wakeful instead of sleepy. Such opposite symptoms are primary.

Glonoin, cannot bear the least heat on the head, hence its applicability to cases of sunstroke. It is also suitable for chronic sufferings from previous injury (Calcarea carb.).

The Secretary: According to Allen's *Materia Medica*, alcohol dilates the pupil, but rarely contracts it. When it does produce contraction, this is the secondary effect. It has first dilatation and afterwards contraction.

Dr. Thompson reported a case of headache. Patient would stand in the corner of the room, *leaning the head backward* against the wall. Belladonna cured.

Dr. Boyce: As distinguished from Aconite, Belladonna has aggravation of pain from light, motion, and the least noise.

The first effect of Aconite is chill, then heat. He mentioned the case of Dr. Robinson some years ago, who was in the collapsed stage of cholera. Was cold all over. Threw off the clothes (Veratrum). Eyes sunken. Aconite θ cured in an

incredibly short time. He also mentioned the similar case of Dr. Kenyon, cured by Aconite *o*.

He could not obtain any benefit from Aconite in febrile states without the specific indications for Aconite.

Dr. Hawley: Aconite cases have chill, with blueness and shrivelled skin, and the patients complain of internal heat. Hence they throw off the bed-covers. They want cold water applied externally. *When the patient wants to be covered, Aconite is ruled out.*

Dr. Wallace: Aconite causes chill by paralyzing the superficial capillary nerves.

Dr. Adams had proved Aconite upon himself. It produced coldness of the skin, intense pain, and vomiting, as in Dr. Boyce's cases.

In such cases he used the tincture of Aconite root. This relieves the pain and chill, producing warmth and perspiration.

Dr. Thompson: A person went to a drug store to get capsicum for a diarrhœa. Instead of capsicum he got tincture of aconite root, a teaspoonful, and almost immediately died. He complained of burning in his throat after taking the drug.

Dr. Boyce: In mania *a potu* either Stramonium or Cannabis *ind.* may be indicated. The latter always has delirium; not so with Stramonium. The Harvard boys after a debauch take hashish, and then they can recite as usual in their class. In delirium tremens he would give this remedy.

Dr. Thompson had verified the Hyoscyamus symptom, answers a question and then immediately relapses into delirium.

Dr. Boyce: Cannabis *ind.* is suitable in catalepsy. A limb remains exactly in the same position in which you place it, but the patient is unconscious.

Opium and coffee have opposite effects. The primary effect of Opium is absence of pain. Coffee, cannot bear the pain. In cases of poisoning by either opium or alcohol, it is difficult sometimes to discriminate between the drugs. In small doses both primarily stimulate. Large doses produce insensibility and coma, entirely superseding primary symptoms. They paralyze the nerves of sensation and motion. But a distinguishing feature of Opium is that it produces convulsions, which alcohol seldom does.

Comparing Cuprum and Cicuta, Cuprum is better adapted to a blanched, anæmic condition. In Cicuta the spasms come on suddenly like an electric shock.

The Secretary had frequently verified the characteristic indications for *Cicuta* in convulsions. In every instance he found substantially the same group of symptoms; sudden onset of tonic spasms of the lower portion of the spinal cord, and clonic spasms of the upper portion; eyes fixed and staring upon one point, and objective heat commencing in the region of the medulla oblongata, and extending thence through the head. In these conditions, this remedy had never disappointed him. After a dose of the 200th, the child appears less anxious and agitated, becomes quiet, and soon falls asleep. The heat of the head gradually diminishes, continuing longest in the cerebellum, and there is no return of convulsions.

It is said that tobacco-users can drink coffee or whisky with comparative impunity. Formerly when he used tobacco, he could not drink much coffee, which increased the unsteadiness of his hands, and made him feel nervous. After quitting the use of tobacco, he found he could drink twice as much coffee as before, and with comparative impunity.

Dr. Boyce: Camphor has coldness and blueness of the skin.

The symptoms of drugs may be produced by external application, or by the inhalation of vapor, as well as by internal administration. Holding the hands in a strong solution of arsenic is followed by nausea, vomiting, purging, thirst, prostration, then redness of the conjunctiva. These are primary symptoms. But the primary symptoms may be passed over and superseded. The secondary symptoms when excessive are coma, dilated pupils, excessive prostration, etc.

Mercurius corr. has similar symptoms. When used as a wash for sheep-rot, by the hand, a person may have the following symptoms: nausea, vomiting, equal tenesmus of the rectum and bladder, bloody stools, and suppression of urine. Many cures of dysentery have been made by means of these characteristics. It has bloody evacuations both from stomach and bowels. Tobacco produces the same symptoms, whether taken into the stomach or injected into the rectum.

Nicotine and prussic acid produce paralysis and sudden death. They have no other symptoms. We seldom use these remedies, because they have few characteristics.

CASE OF POISONING BY CORROSIVE SUBLIMATE.

BY S. C. WARREN, M.D.

ON the 22d of May last, Miss R—m, aged about fifteen years, acting under the influence of some insane impulse,

swallowed a teaspoonful of strong solution of corrosive sublimate, a preparation used to poison bugs. This bottle of poison had been in the house several years, and must of course have been a saturated solution, in consequence of the evaporation which had been going on more or less all that time. She did not give information to the family of the rash act she had committed until about half an hour afterwards, when her sufferings became so severe that she sought her mother, and requested her to do something for her relief. She had no intention of destroying her life, but in a fit of passion swallowed it to frighten her parents, and that she might hold an influence over them for purposes best known to herself. They did not send a messenger for me until two hours afterwards, thinking that she could not possibly live until my arrival, and it was not until four and a half hours after that I saw her. In the meantime they had administered the usual antidote (white of eggs).

I found her suffering from severe burning pains from the mouth to the stomach, with intense thirst, and vomiting of everything taken into the stomach, extreme hoarseness, could speak only in a whisper, expectorating bloody mucus and clear blood, considerable fever, restlessness, and extreme penitence, with strong desire to be saved from death. I did not keep a record of symptoms in the regular order of their occurrence, for I expected to be able to afford only temporary relief. For the week following, there was a high degree of inflammation of the mucous membrane, from the mouth clear through the stomach and bowels.

The bladder sympathized, and there was great tenesmus, with retention and almost complete suppression of urine, at least only a very small quantity was obtained by means of the catheter. There was great tenesmus of the bowels, and frequent attempts were made to evacuate them, but ineffectually, but some relief was obtained by the use of enemas. There was high inflammatory fever, pulse run up to 130, bowels distended, hard, and sensitive to pressure and the weight of bed-clothes. She vomited everything taken into the stomach, and at times what appeared to be fecal matter, clotted blood, and large pieces of detached mucous membrane. She bled profusely at the nose, at one time nearly a quart; there was an eruption all over the surface, which itched intensely, and upon being scratched, bled profusely. She had frequent spasms, affecting the whole system, cramps of the bowels and lower

extremities. Frequent and sudden shocks convulsed the whole system, like electric shocks, and at times the spasms and cramps were so severe that she would spring to the ceiling above, and require the constant attendance of three or four persons to keep her on the bed. She was delirious, her face red, eyeballs red and injected, and seeming to start from their sockets. Every motion made was quick and decided; when rising up in bed it was done very quickly, and if she attempted to do anything it was done on the instant, and if she desired a drink or wished anything done she was always in a hurry and could not wait a minute; every minute with her seemed an hour; her whole appearance and actions indicated extreme suffering, and in her agony she would plead for relief or death.

At the expiration of ten days, the intense symptoms gradually subsided. The fever assumed a typhoid character. Prostration, dry, cracked tongue, pulse small, quick, 130, still; eyes half closed, subsultus tendinum, drowsiness; would rouse up with an effort, but immediately drop into a sleep again. This state of affairs, with symptoms gradually diminishing in intensity, continued two weeks, when the fever disappeared. The secretion became natural, and the patient gradually recovered her health and strength, which she now enjoys, and so far as I am able to learn she suffers nothing from the effects of the poison.

Dr. Warren: Quick motions are characteristic of corrosive sublimate. Arsenicum has great thirst, cracked tongue, vomiting, etc. Belladonna has starting from sleep in fright.

The Doctor reported a cure of a case of excessive stammering by Stramonium²⁰⁰.

CLINICAL CASES.

BY DR. S. SPOONER.

1. *A Hyoscyamus Symptom cured by Stramonium.*

MRS. C., aged fifty-five, of a nervo-bilious temperament, became a monomaniac on the subject of being poisoned; supposed her husband would poison her. Her mind became so impressed on the subject that she left him. At the time I visited her she had not seen him for over two years. Her symptoms now, as I learned them, were as follows: She had been with the family one week, during which time she had been so restless, wakeful, and boisterous that it was necessary to have a constant attendant both night and day during that time.

Some of the time she would talk constantly, after which would remain entirely silent, refusing utterly to speak, her eyes exhibiting a vacant stare. The subject of conversation was still fear of being poisoned (Hyos.). Then religious subjects would engross her mind, a future state, the world on fire, day of judgment, and end of time.

Usually she was harmless and inoffensive. Then she would attempt to strike, be mischievous, destroy bedding and furniture. Her general health was good. Prescribed Stram.³⁰ every four hours during the day. Second visit, I learned that she had passed the night without attendants, slept quietly, and answered some questions rationally. Third visit, I was happy to learn that she had had another night of quiet sleep, and appeared quite rational. Medicine continued twice in twenty-four hours. Fourth visit, prescribed Sac. lac.

Within ten days from my first visit, she left the neighborhood with her husband (who had been sent for) perfectly rational, and remained so for the next six months, when she relapsed permanently. I presume she received no more homœopathic treatment. I firmly believe that Stramonium cured this patient. Notwithstanding what seemed characteristic fear of being poisoned is not noted as a pathogenetic symptom in Stramonium, Hyoseyamus does have that symptom as curative.

2. *Cough. Stannum.*—After prescribing several times ineffectually for a severe cough, I chanced to learn that the expectoration was salty. Stannum³⁰, suggested by this symptom, immediately relieved and soon cured.

3. *Insanity alternating with Paralysis. Belladonna, Strychnine.*—Immediately following an attack of left-sided paralysis, which had continued several weeks, a lady suddenly became insane and unconscious. Her eyes were wide open but expressionless. The face was flushed. Pulse slow and full. Both arms were for twenty hours held up perpendicularly. She was constantly talking on religious subjects. Belladonna³, once in three hours.

After six hours her arms came down. Two hours later she slept quietly, and continued so during most of the night. Next day she was partially conscious, put out her tongue, and answered some questions rationally. Day following, perfectly rational. Same medicine at longer intervals.

I had forgotten to say that on the occurrence of this patient's insanity, her paralyzed limbs were entirely restored, so much

so that she clandestinely left her bed and walked to a neighbor's sixty rods away, and back again. As her insanity abated her paralysis returned, which was cured in a few days with Strychnine.

Dr. Garrison was troubled by a mouse, to which she gave Arsenic. Before death its limbs were paralyzed.

Dr. Boyce: According to Teste, wolves grow fat when fed on Arsenic, but Nux vom. kills them at once. A person full fed and strong is easily affected by Nux vom. but not by Arsenicum. A piece of corrosive sublimate, as big as the first joint of his thumb, was given to a dog to kill him. The next day the dog returned for another dose.

Dr. Thompson mentioned the case of a drunkard who was accustomed to take fifteen grains of Strychnine every time he became intoxicated. The dose at once restored his equilibrium.

Dr. Schenck: A miller, who was troubled with rats, bated them with Arsenic. A high-priced pet hog of his ate up all the Arsenic and grew fat.

Dr. Thompson: Phosphorus will kill a hog about as soon as anything.

Dr. Schenck: Rat-poison is made here of Phosphorus. It fires up as it gets down the throat.

Dr. Benson reported cases of diarrhœa, with gurgling noise in the abdomen, and gray-colored stools, recently cured by Aloes,³.

The subject selected for discussion at the next December meeting was, spinal remedies, or those having a special affinity for the spinal cord.

The Secretary: The members will find it to their advantage to subscribe for the next volume of Transactions of the State Society. Dr. Vincent informs us that it will contain extensive and invaluable clinical reports from the Middletown Insane Asylum. He was surprised that so few subscribed for the Transactions, our medical journals, and Raue's *Record*. This *Record* is a scientific condensation of all the homœopathic literature published throughout the world, at a cost of only three dollars.

Adjourned to Thursday, December 16th, 1875.

CORRESPONDENCE.

PEN PICTURES OF SOME CELEBRATED ENGLISH HOMŒOPATHS.

LIVERPOOL, ENGLAND, September 15th, 1875.

MR. EDITOR: While waiting to take ship for home, I am tempted to send you a few sketches of the men who were present at the meeting of the British Homœopathic Congress, held in Manchester last week. My notes are not those of an "interviewer," but the facts that I offer are authentic, and in justice to all parties, some of them at least should be in the possession of your readers.

For example, every English-speaking student of homœopathy has heard of Dr. R. E. Dudgeon. He is a strong, healthy, active man of about fifty-eight. He was one of the original founders of the *British Journal of Homœopathy*, which is now the oldest medical quarterly in Great Britain. He took the post of a co-editor of that periodical *thirty-one years ago*, and has kept it unceasingly. How well his work has been done we all know. His superior education and assiduity have enabled him to perform a great deal of literary labor, besides the writing of editorials, leading articles, and reviews, for which the *Journal* has always been famous. It is to him that we are indebted for a translation of the *Organon*, and also of that valuable volume, Hahnemann's *Lesser Writings*. Dudgeon's *Lectures on the History and Science of Homœopathy* have done us an immense service, and will always be a monument to his painstaking accuracy and ability. Other works of his are the *Pathogenetic Cyclopædia*, containing the symptoms of the *Mind and Head*; one part of the *Cypher Repertory*; and *Aconite*, for the *Hahnemann Materia Medica*. In the line of applied science he has furnished the invention of spectacles for seeing under water, ditto of the submersion cap for microscopic objectives, and he is the author of the *Theory of Accommodation by Torsion of the Lens*, a full account of which latter is published in the *Philosophical Magazine* for 1872. His lecture before the Congress last year was also a remarkable production.

Dr. Dudgeon's style in debate is as direct and incisive as in his writings, but his speech is aglow with the rarest wit and the choicest anecdote. When he comes to his feet, everybody pricks up his ears, and not a word or syllable is allowed to be lost. Considering his superior merit, he is, however, remarkably modest and unassuming.

Dr. J. J. Drysdale, of about the same age, is a resident of Liverpool. He, with Dr. Dudgeon and the late Dr. Russell, originated the *British Journal* in 1843. He had, however, been associated with Dr. Russell in editing Fletcher's *Pathology*, which appeared in 1842; a work that anticipated several modern discoveries, as, for example, the protoplasmic theory, and which have since been brought out as new. Dr. Drysdale is the author of a large number of scientific papers and reviews that have appeared in almost every issue of the *Journal*, of which he is still the greatly esteemed co-editor. He furnished the excellent article on *Kali bichromicum* to the *Hahnemann Materia Medica*, and is now writing the third part of the papers first published in the *Journal*, and afterwards separately, under the title of *Life and Equivalents of Force*. This will be called *The Stimuli*, and will embrace the action of stimuli in general, and their relation to the homœopathic principle. Dr. Drysdale has also been a co-worker in the *Cypher Repertory*, and he is engaged to deliver a short course of lectures at the next session (1875-76) in the London Homœopathic Hospital.

He is alert, active, studious, and thoughtful. Aside from his strictly professional duties and writings, he is alive to all progress in the collateral branches. He has lately published a book which is replete with scientific knowledge and forethought, as well as with the fruits of careful personal research and experiment, entitled the *Protoplasmic Theory of Life*, a book which has been so ably reviewed in the *Hahnemannian Monthly* for August, and also as co-author (with Dr. Hayward, of Liverpool), of a beautiful volume on *Health and Comfort in House-building*. Notwithstanding an arduous practice, he has been for many years a close student of the microscope, of which instrument he possesses one of the best in the kingdom, and with it one of the only six *fiftieths* ever yet made. Last year he was President of the Royal Microscopical Society, which, in the *Monthly Microscopical Journal* of 1873-4-5, has published very valuable papers on the *Life History of the Monads*, the joint product of himself and Dr. Dallinger. Your readers will have a taste of his excellent personal qualities when he comes to the Philadelphia Congress next year. He is greatly respected by physicians of both schools.

I was very much interested, as you may suppose, in the well-known author of Sharp's *Tracts*, concerning whom I have the following particulars: Dr. William Sharp, born in York-

shire, England, in January, 1805, was educated at Westminster School, a medical student in 1821, a pupil at Guy's and St. Thomas's Hospitals, 1825-6-7 (under Sir Astley Cooper, Dr. Bright, and others); took his degrees in 1826 and 1827, spent the academical year 1827-28 (forty-nine years ago) in the Sorbonne and in the Hospitals of Paris (under Gay-Lussac, Orfila, Andral, Dupuytren, etc.); began practice in Bradford in 1828, becoming senior surgeon to the Infirmary, and first President of the Philosophical Society; took part in the British Association for the Advancement of Science, and in 1840 was honored with the Fellowship of the Royal Society; left practice in Bradford in 1843, was lecturer on Chemistry for two years in the Medical School at Hull, went to Rugby for the education of his sons in 1847, and, by request of Dr. Tait (now Archbishop of Canterbury), began, in 1849, to teach physical science in the school (the first attempt made in the public schools of England to introduce such teaching), and in 1850 began to experiment with and to write upon Homœopathy.

Dr. Sharp's first essay or tract was published in 1851. That which I heard him read before the Congress was the twenty-seventh of the series, hundreds of thousands of which have been distributed wherever the English language is spoken. Last year these remarkable papers were collected into one volume, which, considering their subject, object, and the influence which they have wielded and will continue to exert, is a sufficient monument even for so sincere and indefatigable a worker as Dr. Sharp. Such men should live a thousand years. Here is a clipping fresh and green from his pen: "With respect to the message you gave me from Dr. Carroll Dunham to write a paper for the Congress next year in America, I think I may already say that I will do my best to obey his wish, if it please God I live, and he give me intellectual power to accomplish it."

Dr. Richard Hughes, author of the very popular *Manual of Pharmacodynamics*, is a middle-aged man, of fine presence and a superior education. He is very genial and social, but thoroughly in earnest, and an indefatigable worker. In a remarkable degree he possesses the respect and confidence of his colleagues, who defer to his opinion on questions relating to the *Materia Medica* and *Therapeutics*. Dr. Hughes is a finished and accomplished speaker, and is quite as capable of teaching this very difficult branch with his tongue as with his

pen. His lectures delivered last winter in the London Homœopathic Hospital were well received, and, according to the universal testimony, did good service.

Mr. Turner (to whose kindness we are indebted for an advance copy) is just bringing out a new and third edition of Dr. Hughes's work. It will be issued in two parts, paper covers, and will include the lectures for last year and this year also. Part I begins with the Acids and ends with Guaiacum. Part II will appear in the spring of 1876. The text is much of it re-written, and the whole of it is re-cast into the lecture form. The book will be considerably enlarged.

It should be known, I think, that Dr. Hughes does the profession the service of collating from the French and American journals, and Dr. Dudgeon from the German periodicals, the items which appear in the *British Journal of Homœopathy* under the head of Journals of the Quarter; and also that Dr. Hughes has promised to be present at the World's Homœopathic Convention in your city next year.

Having had a taste of Dr. William Bayes's qualities as a presiding officer at the elegant dinner which he gave the British Homœopathic Medical Society in June last, we were glad to see him in the chair at the Congress. His opening address on the Scientific Relations of Homœopathy was remarkable for the simplicity of its style, the scope of its learning and research, and for the catholicity of its spirit. It will be read with great interest everywhere, and always remembered by those who were privileged to hear it.

Dr. Bayes is widely known as the author of the book on *Applied Homœopathy*. He is a prominent worker in the Homœopathic Publishing Society, and has given a most acceptable and useful course on the practice of medicine in the London Homœopathic Hospital. In personal appearance and address Dr. Bayes is the typical physician. His own culture and social position, and the quality of his practice, are among the most remarkable in the great city of London. He also proposes to visit Philadelphia next year.

Mr. Alfred C. Pope, the responsible editor of the *Monthly Homœopathic Review*, is a hard-working brother, who surprised us in many ways, more especially with his thorough and intimate knowledge of the doings and quality of each and all of our prominent American homœopaths. Dr. Pope wields a pen which is as practical as a hoe, but a great deal sharper. He has done a most effectual service in his editorial

capacity, both as a writer of original papers and as a reviewer. I had the pleasure of hearing his excellent address, as acting President of the British Homœopathic Medical Society, in June. His views are sound and sensible to the last degree. Both as a man and a scholar he would be a credit to any school or to any country. (He does not know that I have threatened to take his life with my quill.)

Beside these, there is Dr. Blackley, whose famous book on *Hay Fever* has been cited in Ziemmsen's *Cyclopædia*; Dr. Hayle, author of a practical work, Dr. J. W. Hayward, whose publications on *Diseases Produced by Taking Cold*, on *House-building*, on the *Mineral Waters of Trefien*, in North Wales, and whose researches on the poison of serpents, more especially of *Crotalus*, are being gathered for the *Hahnemann Materia Medica*, Dr. Nankivell, whose *Repertory* is so well known, Dr. John Moore, of Liverpool, and several others who deserve honorable mention.

Among the visitors were Dr. Meyhoffer, of Nice, and Dr. Claude, of Paris. The former has lived in Nice since 1856. He is about fifty-four years of age, tall, active, and, as we have judged by his book on the *Diseases of the Respiratory System*, of a clear-headed and practical turn. His paper presented to the Congress on the Differential Diagnosis of the Gastric Ulcer and Cancer, was in every way worthy of him. Dr. Meyhoffer's first volume appeared in 1872. It was written in English, published by Turner, and reviewed by Holcombe in the old *U. S. Medical and Surgical Journal*. The second volume is now in the hands of the same publisher, and will appear early in 1876. It will be twice as large as the former, and will treat of Asthma, Emphysema, Bronchial Hæmorrhage, Pulmonary Congestion, Chronic Pneumonia, Chronic Pleurisy, and Tuberculosis.

In conclusion, I must take occasion to thank our English friends for the very kind and cordial manner in which both Dr. Talbot and myself were received and entertained during our attendance upon their meetings, and at their own firesides, and also to assure my brethren at home that the reputation and welfare of Homœopathy in Great Britain has not suffered, and cannot suffer, in the hands of such men as those of whom I have spoken, and their earnest associates in all parts of the kingdom.

Yours, on the wing,

R. LUDLAM.

THE HOMŒOPATHIC MATERIA MEDICA.

BY W. M'GEORGE, M.D.

(Read before the New Jersey State Homœopathic Medical Society.)

ANOTHER year has rolled around, and again we are gathered together, to exchange congratulations with one another and to interchange ideas; to accept that which is presented here to-day, if it is sound and homœopathic, and to reject and condemn that which is unsound and opposed to Homœopathy; to let no uncertain sound go forth, but to let friends and enemies point to our record, the one with pride, the other with the assurance that, though we differ with them, we are sincere and consistent. And no man can either be sincere or consistent who espouses Homœopathy but to abuse her beneficent principles, or calls himself a homœopathist and prescribes at variance with her laws.

The duty of the homœopathic physician to his patient requires the selection of the remedy that is homœopathic to the case under treatment, and is not fulfilled nor performed by resorting to means of cure not sanctioned by our law—*similia similibus curantur*—nor remedies nor appliances found outside of, and opposed to, our Materia Medica. We cannot do our whole duty as men and physicians if we leave the wonderfully abundant stores of Materia Medica unexplored, and resort to some of the relics of ancient barbarism in physic in their place; if we neglect the true remedy, and adopt the false; if we laud to the skies that which is improper, and pass by in silence that which is meet and proper.

And before going into details in this paper I desire to say that during the last two or three years it has occurred to me that as a society we were getting lax in our principles, and not strict enough in our examinations of the principles and characters of some who have applied for admission. Mr. President, this is wrong; radically wrong in principle, and utterly pernicious in practice. Our Board of Censors must be men of nerve, as well as men of trust; men who will say *no* every time when they are satisfied that the party applying is not suitable nor a fit associate for us. Aye, they must go further; they must not report at all until they are satisfied that the candidate can comply with all the requirements of membership. We want all true physicians who will practice according to our law to be with us and of us; but we want no schemers, no designing men, who would make of Homœopathy a cloak and a shield to cover their nefarious practices.

And now, having had my say on this vital point, let me turn in another strain to a different, but yet more pleasing, task, viz., *criticizing in a friendly and manly way some of the principles enunciated at the last annual meeting of this Society.*

As a homœopathic physician, as a member of this Society, as Chairman of the Bureau of Materia Medica, and, lastly, as a thinking man, I appeal to all earnest seekers after *truth* to follow me through this paper to-day, and to hear what the master tells us of Homœopathy, and how to practice homœopathically. In this paper I offer my own views, and I alone am responsible for them. The quotations are not mine; would to God I was able to produce such pungent thoughts without quoting them; they are mostly made from the writings of the immortal founder of our school, Samuel Hahnemann.

If, after hearing this paper read, you differ with me in opinion, if you don't agree with me in practice, stand up and criticize my paper wherein it is wrong. Spare neither paper nor writer, but if he has advocated false doctrines expose them; if he has advanced wrong views of treatment show him his error, and endeavor to teach him something that is better and purer. Let us all seek after *truth*, and, after finding it, be like the man who hunted for the pearl of great price, and, after finding it, sold all that he had in order to possess himself of it. (Not that I want some of you to sell your gallipots, cups, and leeches; by no means, save these precious relics as mementoes of the past, particularly the leeches; but in earnest let us eschew the false and pernicious doctrines of Allopathy in practice, and advocate and uphold the beautiful and ennobling principles of Homœopathy.)

Having stated, in general terms, certain principles at considerable length, I propose now to come to the point, and say that this paper is prepared mainly to counteract the principles and practice put forth in a paper which was read at our last annual meeting by my friend and colleague, — — —, M.D., of — — —, on *Diseases of the Cervix Uteri*. I had not the pleasure to hear this paper read, but on my way to attend the last session of last year's meeting, it was brought to my notice by some of my colleagues who had heard it, and whose attention had been called more particularly to it by certain statements therein contained, which struck them as opposed to pure Homœopathy, and unsound in practice. Desiring to know if my information was correct, and wishing to let my

friend know that I proposed criticizing his paper in my report, I dropped him a few lines on the subject, and received from him a brief extract from his paper.

The Doctor says: "In the course of my essay I recited some eight different clinical cases from practice. In two or three of these I used leeches, which were of benefit. I use them, if I am not in too great hurry, for the following conditions: To the cervix; congestion and chronic inflammation, with or without hypertrophy; I use them at the very commencement of the case. I am glad you are going to refer to it as you are in your report at the annual meeting." As this is all of the paper I have in my possession, I shall criticize this only; but, if this is a fair sample of the treatment pursued altogether, the criticism can apply to the whole paper.

To the cervix he applies leeches when there is congestion and chronic inflammation, with or without hypertrophy, *if he is not in too great hurry*. A remarkable statement, Mr. President, and a candid one! I hardly know which most to admire, the candor of the gentleman or the confidence in the treatment given above. "If I am not in too great hurry!" Oh, how much there is in these few words! Is it not too often the case with all of us? Do we take the time to find out and exhibit the true similimum in all our cases? I am afraid not; at all events I plead guilty to this offence sometimes. "If I am not in too great hurry I apply leeches to the cervix." Would to heaven he had always been in a hurry when he was tempted to apply leeches, or resort to anything which is at variance with Homœopathy. For the Doctor's instruction I will quote from Hahnemann's *Organon* some passages that refer to this particular kind of treatment, and in one passage so clearly to him that he may possibly be surprised that he never heard of it before. Like a good many Christians who own large and handsome family Bibles, and keep them to look at, instead of reading them, I fear my colleague keeps his *Organon* shut up in his library, instead of poring over it, or even perusing it. To offer him an incentive to its study I quote a footnote to section 149 (p. 167):

"But the difficult, and sometimes very laborious, affair of searching out and selecting the homœopathic medicine, which shall be adapted in all respects to the morbid conditions of a given case, is one which, notwithstanding all the praiseworthy attempts to simplify the labor by adminiculary publications, requires the study of the sources themselves, besides the exer-

cise of much circumspection and deliberation, which meet with their best recompense in the consciousness of having faithfully performed our duties. But how will this careful and laborious process, by which the best cure of diseases can only be effected, please the gentlemen of the new mongrel sect, who, while pluming themselves with the honorable title of homœopathists, for appearance sake administer a medicine in form and appearance homœopathic, that they have hastily snatched up. If it does not immediately relieve, they will not impute the failure to their own unpardonable indolence and levity in hurrying over one of the most important and critical of human concerns, but to Homœopathy; they reproach its imperfections, because it does not of itself, without any trouble on their part, provide the suitable homœopathic remedy, and, as it were, serve it up like food already cooked and prepared to their hands. They know, indeed, full well how to console themselves for the failure of their scarcely half homœopathic remedy by dexterously calling in requisition the more pliable resources of allopathy, whence a few dozen leeches are applied, or a small and harmless venesection of eight or ten ounces is prescribed in due form; and if, after all, the patient should recover, they extol the leeches and the venesection, etc., as if he would not have recovered without them. They cause it to be understood, in no equivocal language, that, without the trouble of racking their brains, these operations afforded by the pernicious routine of the old school would, in truth, have been the best means of cure. If, however, the patient should sink under the treatment, they endeavor to soothe the disconsolate relatives by declaring 'that they themselves were witnesses that everything imaginable had been done for the deceased!' Who would honor such a light-minded and pernicious sect by calling them after the name of the difficult, yet beneficent art, homœopathic physicians!"—*Organon*, footnote to section 149.

In addition to the hurrying part, there is another thing that strikes our attention, and deserves a few moments, consideration. This other matter is the happy faculty of *generalizing* our colleague indulged in without wasting his time in individualizing each case, and prescribing for it after so distinguishing it from all others. "To the cervix I apply them at the very commencement of the case, when there is congestion and chronic inflammation, with or without hypertrophy." If this is not a wonderful way, or, more correctly speaking, a

wonderfully easy way of treating all this class of cases, by the simplest routine, I am at a loss to understand it. As this particular thing of generalizing and routine is referred to in the quotation given above from the *Organon*, it is appropriate to refer to it again in condemning this unscientific course of practice.

If this *generalizing* way is the correct way, let us burn up all our works on obstetrics and diseases of women, or sell them at half-price to less credulous people, for we certainly can have no further need of them. If leeches are better than our remedies, let us send to the nearest drug-store for a half dozen of leeches the next time we have an acute or chronic attack of leucorrhœa, or endometritis, or metritis, or ulcerated os uteri, or any uterine affection whatever, and save our Sepia, Pulsatilla, Belladonna, Platina, Lilium tigrinum, etc., for a different class of cases; for, if we cannot find congestion and chronic inflammation with hypertrophy, or without it, one or the other, or all, or some of them, in every uterine affection, then is the writer ready to confess his ignorance and take his seat.

If this treatment is the best to pursue, let us amend our writers on this point; and where Guernsey names so many remedies as useful in uterine affections, let us say: "Leeches to the cervix will be all-sufficient if not in too great a hurry." Should some scoff and sneer at this as wrong, let us write underneath, or at the side, or over the top, yes, at the top would be the best, "although novel and new, and although ridiculed by Hahnemann, and condemned by all his faithful followers, the treatment suggested below is by far the best, and so simple and suggestive, if you are not in too great a hurry." Should some of our lady patients object, and exclaim that they think this plan objectionable and unnecessarily unpleasant, or possibly exposing to them, we must laugh at their objections, ridicule their fears, and say that this is now all the rage, is perfectly *au fait*; that we have discarded medicines as too slow and unreliable, and pin our faith to leeches and speculums, because in our large experience we have found this is the best course to pursue.

But to drop this light style of writing, let us look at the matter in the light of homœopathy, of homœopathy as expounded by its founder, and his faithful students, and not the homœopathy of these latter-day saints.

That *local* treatment is not desirable, or advisable, or proper, or homœopathic, Hahnemann asserts in no qualified terms.

He puts an unquestionable seal of condemnation on it. His views on this point you may find in his *Organon*, sections 194, 195, 196, 197 and 198. I make a few brief quotations from these sections below.

"It is not proper, either in acute local affections of recent origin, or in those which have already existed a long time, to make any topical application whatever to the diseased part, not even a substance which would be homœopathic or specific, if taken internally, or to administer it simultaneously with the internal medicinal agent." (Sec. 194.)

"It might be supposed that these diseases would be cured more promptly if the remedy known to be homœopathic to the totality of the symptoms was employed, not only internally, but likewise externally, and that a medicine applied to the spot itself that is diseased, ought then to produce a more rapid change." (Sec. 196.)

"But this method should be rejected, not only in local affections which depend upon the miasm of psora, but also in those especially which result from the miasms of syphilis or sycois. *For the simultaneous application of a remedy internally and externally, in a disease whose principal symptom is a permanent local evil*, brings one serious disadvantage with it, the external affection usually disappears faster than the internal malady, which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult, and sometimes impossible to judge, whether the entire disease has been destroyed or not by the internal remedy." (Sec. 197.)

That the true way to treat these diseases is not by internal and external applications simultaneously, but by a thorough and exhaustive examination of all the symptoms and the actual condition of the patient at the time, is clearly shown in Sec. 192. "The best method of effecting this object is on examining the actual case of disease, to take into consideration not only the exact character of the local affection, but, in addition to that, every other change that is perceptible in the state of the patient. All these symptoms ought to be reunited in one perfect image, to be able to select a suitable homœopathic remedy from among the medicines whose morbid symptoms are already known."

That Hahnemann has shown us still more clearly the folly of leeching, and has warned his followers against it, I refer you to the third foot-note on page 31, of the introduction to the *Organon*.

And now to finish quoting from the *Organon*, I must give his beautiful account of what homœopathy avoids, in contradistinction to allopathy. "Homœopathy sheds not a drop of blood, administers no emetics, purgatives, laxatives, or diaphoretics, drives off no external affection by internal means, prescribes no warm baths nor medicated clysters, applies no Spanish flies, nor mustard plasters, no setons, no issues, creates no pytalism, burns not with moxa nor red-hot iron to the very bone, and the like, but gives with its own hand its own preparations of simple, uncompounded medicines, which it is accurately acquainted with."

But after criticizing so severely the treatment pursued by our enthusiastic colleague, let us suggest something that should take its place. But we cannot do this if our brother will be in too great a hurry to examine his case, and ascertain all the symptoms. If in his examination of the case, he simply discovers that there is congestion and chronic inflammation with or without hypertrophy, we cannot do much for him.

For inflammation of the cervix uteri, with or without congestion, with or without hypertrophy, with or without leucorrhœa, I would suggest a study of the whole *Materia Medica* for the remedy covering all the symptoms in the case, and if no remedy covered all the objective symptoms, but embraced all the subjective symptoms of the given case in its pathogenesis, I would prescribe that remedy, no matter what it was, without regard to whether it had ever caused similar pathological conditions or been used in such cases before. For in this class of cases the subjective, moral, or emotional symptoms are the most reliable and valuable.

But as this advice may be considered not very consoling, nor as pointing to any set or class of remedies, I will name a few remedies that may be studied in connection with others for the symptoms given below.

For congestion: Aconite, Bell., China, Ferrum, Nux vom., Puls., Sulph., and Ars., Bry., Canth., Merc., Phos. ac., Rhus, Sabadilla.

For inflammation of internal parts: Acon., Bell., Bry., Canth., Merc., Nux vom., Phos., Puls., Sepia, or Ars., Canablis, Cham., Hyos., Kali carb., Lyc., Scilla, Sulph.

For remedies acting upon the uterus in general: Bell., Cham., Kali carb., Platina, Puls., Sabina, Sepia, or Carbo. an., Ferrum, Nux vom., Opium, Rhus, Secale, Sulphur, Lilium tigrinum.

For ulceration of the os uteri, Guernsey gives twenty-eight remedies, and as many for cancer of the uterus. Raue gives eighteen remedies in cancer of the womb, and for other diseases of the womb he gives from eighteen to forty-two remedies. Of all these remedies, Argent. nitricum, Arsen., Aurum, Hepar, Muriatic acid, Asafœtida, Petroleum, Phosphoric acid, Secale cornutum, and Zincum are the principal, and by referring to the works indicated, the symptoms calling for each remedy may be found.

For ulcers in general Boenninghausen suggests Arsen., Asaf., Lach., Lye., Merc., Puls., Sil., Sulph., as occupying front rank; Bell., Bry., Calc., Carb. veg., Conium, Hepar, Nitric acid, Phos., Phos. ac., Rhus, Sepia, Sulph.

For bleeding ulcers: Arsen. and Lye., then Asaf., Carbo veg., Hep., Kali car., Lach., Merc., Nitric acid, Phos., Puls., Silicea, Sulph.

For burning ulcers: Ars., Caust., Lye., Merc., Rhus, Silic., and Carb. veg., Conium, Hepar, Mezereum, Puls., Sulph.

For cancerous ulcers: Arsen., Hep., Silic., Sulph., and Lachesis, Merc., Sepia.

For ulcers with a cold sensation: Bry., Arsen., and Silicea.

For hard ulcers: Ars., Bell., Lye., Puls.

For ulcers difficult to heal: Hepar, Silicea, and Calc., Cham., Conium, Graph., Lach., Lye., Merc., Nitr. ac., Petrol., Rhus, Sepia, Staph., Sulph.

For painful sensitive ulcers: Arnica, Asaf., Hepar, and Arsen., Bell., Caust., Clematis, Graph., Lach., Lye., Merc., Phos. ac., Puls., Sepia, Silicea.

For suppurating ulcers: Asaf., Caust., Hepar, Merc., Puls., Rhus, Silic., and Arsen., Bell., Canth., Carb. veg., Lye., Nitr. ac., Sep., Staph., Sulph.

For spongy ulcers: Arsen., Carb. an., Lach., Silic., and Clematis, Phos., Sep., Staph., Thuja, Sulph.

For ulcers with corroding acrid pus: Arsen., Caust., Merc., Rhus, Silic., and Carb. veg., Hepar, Lye., Nitric ac., Ran. bulb., Ran. sul., Scilla.

For swollen ulcers: Bell., Merc., Puls., Sepia, Sulph., and Bry., Hepar, Kali car., Rhus, Silicea.

For inflammation of the cervix, with congestion, I would suggest Acon., Bell., Merc., Sepia, Rhus, Sulph., and Lilium tigrinum.

For inflammation without congestion: Ars., Hep., Lach., Lye., Puls., Silicea, Sulphur.

From these lists you will find a dozen remedies running through this class of diseases. These remedies enumerated again and again, and worthy of recording as useful in all uterine affections, according to the symptoms, are Arsen., Bell., Hepar, Lach., Lyc., Merc., Phos., Puls., Rhus, Sepia, Silicea, and Sulphur, and as secondary in importance I would name Arnica, Carb. veg., Caust., Graphites, Conium, Nitric acid, Staph., and Thuja.

And now, after prolonging this paper to a point beyond what I originally intended, I will close by saying that these criticisms are of the practice, and not of the practitioner, are in friendship and freedom, with no malice nor ill feeling, but to prompt my colleague to a more faithful study of his *Materia Medica*, and to urge him to place less reliance on outside and extraneous things. Let him remember that

“Homœopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice, which, like the doctrines whereon it is based, if rightly apprehended, will be found to be so exclusive (*and in that way only* serviceable) that, as the doctrine is pure, so must the practice be also, and all backward straying to the pernicious routine of the old school (whose opposite it is as day is to night) is totally impossible, otherwise it ceases to deserve the honorable name of Homœopathy.”—*Organon*, p. 18.

MENORRHAGIA AND METRORRHAGIA.

BY LEVI HOOPES, M.D.

(Read before the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties.)

By the term menorrhagia we understand that the monthly or menstrual flow from the reproductive organs of the female, which is, in health, a normal physiological function, is increased to an abnormal or immoderate flow or profuse menstruation, and it may amount to a real hæmorrhage. Formerly it embraced uterine hæmorrhage in general, but at the present time it includes only those sanguineous discharges from the genitals that are brought about in consequence of the function of ovulation. All other hæmorrhages from the womb are designated *metrorrhagia*.

It is my object in this paper to speak of menorrhagia and metrorrhagia, not including the hæmorrhage incident to parturition and abortion.

In menorrhagia the flow consists of purer blood than that of normal menstruation, because it is more rapidly discharged, and therefore less mixed with the secretions of the canal through which it is evacuated, and for this reason the menorrhagic discharge is more likely to contain coagula than that of normal menstruation.

When we take into consideration the fact that the uterus is a very small organ supplied with blood by two comparatively very large uterine arteries, and beside these, deriving no small amount from the inosculations with the ovarian arteries, it should not be a matter of surprise that, under certain conditions, women should sometimes become menorrhagic.

The causes of this affection are various. In some cases they are easily determined, and in others quite difficult.

It may result alike from plethora or anæmia. From plethora owing to the impetuosity of the circulation, rendering it difficult for the bleeding to exhaust itself when once excited by the normal function of ovulation. In the same manner it may be produced by the excessive contractions of a hypertrophied left ventricle. Deficiency of the right auriculo-ventricular valves of the heart may be a cause, owing to the blood, in its return to the heart, being partially driven back in the vena cava by every contraction of the right ventricle, thus producing an undue tension in the capillaries, by which the menstrual flow is increased both in quantity and duration. The womb is always in a state of congestion during the catamenial period, and any disease or circumstance which tends to augment this congestion must, as a natural consequence, result in menorrhagia. In anæmia it is brought about by the watery state of the blood, which allows it to flow more easily from the vessels, and prevents it from so readily coagulating, and thereby closing the bleeding orifices.

There is also an adynamic condition of the uterus, in which the bloodvessels seem to be too weak to bear the pressure of menstrual congestion, and flooding is the result. This condition may be dependent on some faulty action of the nervous system of the reproductive organs, a faulty state brought about by frequent pregnancies and abortions or labors, by excessive sexual indulgence, or even excessive sexual excitement; and in this class of cases in particular is the reading of loose literature, or, in fact, of any love stories which are calculated to excite the passions, in the highest degree pernicious; and lastly, in the wretched class of public women, by their habits

of licentiousness, which ruin and degrade them both physically and morally.

I treated a case of adynamic menorrhagia about three years ago, in which the flow had continued without intermission for four months. There seemed to be no other cause for it but the debilitated state of the sexual organs, and the lady, who had been all that time under the united treatment of the two most prominent allopaths of this place (Pottstown, Pa.), had become very thin, pale, and weak from constant loss of blood. This case was promptly cured in three days by four doses of *Calc carb.*,³⁰ thus clearly demonstrating that the heroism of medicine does not lie in attempting to force nature against her will, as it were, by the administration of enormous doses of energetically acting drugs, but in quietly assisting her in the direction of her own efforts to throw off the disease, by giving a few small doses of the similarly acting remedy, just sufficient to compensate for nature's deficiency.

We have also menorrhagia dependent upon positive disease of the sexual organs. In this class of cases it may either precede or follow the structural disease, for very many uterine diseases are preceded by congestion of that organ, which, when the menstrual flow appears, is likely to augment that flow to the proportions of a hæmorrhage; and after the structural change has been instituted it flows easily from the diseased, or, it may be, disorganized bloodvessels.

Again, a woman may have menorrhagia from the irritation of polypus within the womb, not bleeding from the polypus, for it may be a fibrous tumor very sparingly supplied with bloodvessels, but which, acting as a foreign body, so irritates the mucous surface of the uterus as to cause it to bleed, especially when the irritation is increased by the catamenia, although the surface of the tumor may not contain the slightest abrasion.

Occasionally this immoderate flow of the menses appears in connection with severe forms of general disease, such as variola, rubeola nigra, scarlatina, pneumonia, erysipelas, typhus, cholera, etc., and when this complication arises, it usually exhausts the patient, and hastens a fatal termination. The appearance of a profuse menstrual flow during the course of exanthematic diseases, is almost always the precursor of a fatal dissolution of the blood. Bleeding from the skin, nose, rectum, etc., soon follow, and death ensues, sometimes even in a few hours.

Such a fearful complication of disorders, each of which is in

itself very grave, is well calculated to discourage the physician, and particularly the allopath, for his *hemostatics* are not so efficient here as in an open wound, where the vital forces are in good tone; and the utter hopelessness of the case stares him full in the face, and he trembles at the thought that it is beyond his power and skill to save his patient. But with the homœopath it is different. Although it is not always in his power under such circumstances to check the rapid decomposition of the blood, yet he may put on a bolder front as he goes forth armed with such remedies as *Ars.*, *Carb. veg.*, *China*, *Lach.*, *Rhus*, *Secale*, and others, whose magic powers to check even the rapid disorganization of the blood itself are well known to every follower of Hahnemann; for, if he call to mind the special and characteristic indications of his remedies, he may prescribe them with great precision, and thereby save his patient from the very brink of the grave. But there are cases in which the best-selected remedies fail to produce any favorable result, and the patient sinks from a want of reaction in the vital forces to our best-directed efforts. Yet while there is life there is hope, and we must persevere, remembering the gravity of our case, and not allow death to steal upon our patient without our knowledge.

As I said before, all hæmorrhages from the uterus, not connected with menstruation, are termed metrorrhagia. These hæmorrhages may be either active or passive; active, consisting of bright arterial blood, or passive, when the flow is dark venous blood. Its causes are as various as those of menorrhagia, and in some instances similar, with the exception of the absence of the menstrual period as a predisposing cause. Metrorrhagia may arise from accidents, from violence, from excessive exertions, from sudden shocks and violent emotions of the mind, from the presence of worms in the intestines, from the presence of polypi or other tumors within the pelvis, from ulcerated cancers or other ulcers of the uterus, and from the cessation of the menses at the change of life. All hæmorrhages occurring between the age of puberty and the change of life, are considered as menorrhagias, except that some of the above-mentioned causes are discovered as acting independent of the menstrual function. In the treatment of these hæmorrhages, it is always necessary to take into consideration not only the individual symptoms of the case, but also its causes, for the reason that the most violent and dangerous forms of uterine hæmorrhage result from the most opposite conditions

of body and mind, from plethoric congestion, or from exhaustion and debility, from the highest state of emotional excitement, or from the most sudden and extreme mental and nervous prostration.

We have, in some females, a general predisposition to uterine hæmorrhage, a hæmorrhagic diathesis manifesting itself through the uterus, just as we find in children and men an occasional tendency to bleed copiously from every slight wound or from the mucous membranes at every unusual exertion.

Physical and mental excitement, and debilitating mental and bodily causes act in producing metrorrhagia in a very similar manner to that in which the same causes under other circumstances would result in menorrhagia. Violence, accidents, and excessive physical and mental excitement tend to promote arterial hæmorrhage, while exhausting and debilitating influences, and depressing mental emotions tend to establish passive or venous hæmorrhage. For as mental and physical excitement equally stimulate the arterial action, so do all depressing and debilitating influences, whether physical or mental, tend to retard the capillary circulation through their depressing and paralyzing influence on the nerves controlling the capillary vessels. So far as my experience goes with metrorrhagia, I have found this to be invariably the case, and the passive hæmorrhage of dark stringy or clotted blood may be equally dangerous with the active, since the greater the debility which results from the flow, the more difficult it becomes to arrest the flow itself; for as the hæmorrhage progresses, the weakened bleeding vessels lose their contracting and retracting tendency, and the loss of blood, being replaced by the absorption of water, the dilution favors its extravasation.

In certain constitutions, as before stated, we find a remarkable tendency toward violent hæmorrhage in connection with the catamenia. The same is true of some cases unconnected with menstruation. Guernsey terms this constitutional disposition, "a *constitutional metrorrhagic molimen*, in which, under the influence of appropriate exciting causes, the blood rushes to the uterus, and flows from it; just as sanguineous congestion and hæmoptysis result from corresponding excitement of the pulmonary organs." This class of cases mostly occur in persons of a plethoric habit.

Nearly opposite to this is another class of cases, resulting from certain chronic diseases or disordered conditions of the

blood, such as are found in anæmic and scorbutic persons; in scurvy, where it arises from the excessive use of salt food; and in such patients as constantly use bread largely prepared with saleratus; the blood is thin and watery, its fibrin being dissolved, especially by the action of the potash, and passive hæmorrhages readily occur. The same may appear in patients who have used the salts of potassa as medicine to excess.

This state of the system, resulting in many cases from causes easily discovered, is analogous to the above-mentioned constitutional predisposition or hæmorrhagic diathesis. In both these latter classes of hæmorrhage, the flow is favored by the abnormal liquidity of the blood; and the losses of blood, although replaced in quantity by the absorption of water, still further aggravate the disposition to metrorrhagia.

Although we may find polypi or other forms of uterine tumor within the womb, which produce no hæmorrhage except an excessive menstrual flow, yet in the majority of such cases the flooding is frightful and sometimes fatal; and even small polypi are apt to produce as much, and often more hæmorrhage than large ones. For this I am unable to give any satisfactory reason. Guernsey says, "It is because the hæmorrhage comes from the congested mucous membrane surrounding the polypus, and not from the polypus itself; the small polypi especially having no such vascular developments as would account for the alarming hæmorrhages which often appear in connection with them."

Now, if in the case of small polypi, we have the blood issuing from the congested membrane surrounding them, would it not be reasonable to suppose that we should find the same conditions, and even to a greater extent, in connection with large polypi? Most authors that I have consulted give no reason.

Cancer is another cause of metrorrhagia, in which case the hæmorrhage is often periodical, even in women who have long passed the change of life, and it is apt to be profuse and frequent; it sometimes appears quite suddenly, and to an alarming extent, owing to the ulceration having destroyed the continuity of some important bloodvessel; and it sometimes alternates with a limpid, serous, or extremely fetid discharge. It often increases during the whole course of the disease, but sometimes ceases, leaving the patients entirely free during the latter part of their lives.

There is still another very important class of metrorrhagias found in those which occur after the change of life. These

may arise from the disorganizing effects of disease on the uterine tissues; but more frequently are the consequence of the above-mentioned "*metrorrhagic molimen*," scorbutic and psoric influences, etc. In these cases the hæmorrhage may be more or less constant, and frequently alternates with a watery or leucorrhœal discharge; but generally shows a tendency to periodicity, even in persons who have passed the climacteric period. These hæmorrhages are most likely to occur in plethoric and nervous women, or those who have been in the habit of indulging in sexual excesses.

In the treatment of menorrhagia and metrorrhagia, although we may use local and even mechanical applications to control the immediate and dangerous hæmorrhage, we must not stop there and forget that we have a sick patient to cure, lest the flooding suddenly recur in our absence, endangering the life of our patient; but we must endeavor, by the appropriate remedy, to eradicate the constitutional cause which gives rise to the flooding; at least that should be our aim, though we may sometimes fall short of it. There have been a variety of local means used in the treatment of these hæmorrhages, of which the most successful have been cold water or ice applied to the hypogastrium or vulva, and the tampon; also the colpeurynter, which is merely an improved tampon, consisting of a rubber sack with a tube; the sack is inserted well up in the vagina, the tube being allowed to protrude; it is then inflated with air by means of a syringe, and the tube tied. Of late, some physicians have been using injections of hot water, as hot as can be borne, with excellent results. This application I have not yet tried, but it seems to me to be homœopathic to the flooding, and I intend to try it at the next opportunity. It is of the greatest importance that the patient be placed flat upon her back in bed, and the hips may be raised a little with advantage, and the utmost quiet enjoined, as the least excitement or exertion will greatly aggravate the trouble. I need say nothing of the remedies to be used, for we have a host of them recorded, with their indications, and I have nothing to add. All I can say is, find the similitum by individualizing every case, and taking into consideration all the symptoms, remembering that we are sometimes led to the proper remedy by some seemingly unimportant symptom.

A CASE OF HYDROTHORAX WITH GENERAL ANASARCA.

BY L. B. HAWLEY, M.D.

(Read before the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties.)

MRS. K——, aged about 60 years, came from Western New York to this place about the middle of February, 1875, for the benefit of her health from change of climate. Had inflammatory rheumatism about ten months before, followed by paralysis of left side. Experts had diagnosed valvular disease of the heart of several years' standing. Had also suffered from renal affections at intervals during the same period. Saw her first on February 23d, 1875, when the paralysis had so far yielded as to enable her to walk about the house with a cane. Prescribed such remedies as in my judgment the case required, followed by a gradual return of strength and apparent improvement, until April 15th, when the symptoms led me to apply my ear to the chest, which revealed hydrothorax, involving the pericardium. Several customary remedies were prescribed during the next week, including Apoc. cann.⁶, with no perceptible effect; the urine continuing scanty, high-colored, and turbid; respiration difficult, with expectoration of large quantities of dark sputa from the lungs, which was attributed to pyæmia. Effusion in all the serous cavities of the trunk considerably increased, with œdema of all the extremities.

At the suggestion of her former attending physician, as a *dernier ressort*, I prescribed Apoc. cann. *o*, with equal parts of alcohol, ten drops in one ounce of cold water, every four hours during the day. This was continued for about twelve days, at which time there appeared to be some diminution of pressure in the thorax, a slight increase in the renal secretion, but the œdema of extremities about as before. Ars. jod. 3^x every two hours during the day was then substituted, followed by largely increased flow of urine and a rapid diminution of all serous effusion, and on the third day after the extremities were entirely free, while the effusion in the cavities was so far gone as to permit the patient to lie on the left side for the first time in several months.

Although my patient has not entirely recovered, she has outlived the prognosis of two experienced M.D.'s of the *old school*, who saw her at the worst, and she bids fair to become restored to previous health.

I have not the least doubt that absorption was promoted

by the Apoc. cann., and elimination materially augmented by the Ars. jod., and submit this report as worthy of consideration in the treatment of similar desperate cases.

The diet was chiefly milk and fruit, though any palatable food was permitted in limited quantities.

I will report the final result of the case when it becomes known to me.

DIPHTHERIA.

(August Meeting of the Homœopathic Society of Berlin.)

TRANSLATED BY S. LILIENTHAL, M.D.

TRAGER treated for the last two years even the most malignant cases of diphtheria with Merc. cyanatus, and ascribes his success to the exact method which Dr. Villers has given us.

Nagel atomizes with lime-water every half to one hour; when the patient inspires, the remedy penetrates into every part of the fauces and larynx, and thus destroys all fungi. He claims such a success that even his allopathic confrères use now the same treatment. He combines internal treatment *pro re nata* with the local treatment, but considers the destruction of the fungi the chief duty of the physician.

Professor Rapp agrees with this view, but uses a solution of camphor in sulphuric ether as the destroyer of fungi. By pencilling the affected parts with this solution he quickly destroys all malignant membranes, and after a few days the re-appearing membranes are of a better color, benign. He also combines with it internal treatment, always examines the urine for albumen, and praises for the secondary diseases, especially the paralyzes, a solution of Natrum nitricum.

Buchner, on the contrary, uses, only on account of cleanliness, gargles of milk and water. He relies on the internal use of Apis and of the mercurial preparations, among others also the Merc. cyan.

Mayländer considers the destruction of nosocomial gangrene only possible by deeply penetrating cauterization with the ferrum candens, and this gangrene is only a diphtheria of the wounded surface. Such a deeply penetrating cauterization is impossible in the fauces, and he therefore considers all external treatment superfluous. Lime-water can hardly be strong enough to destroy the fungi; he relies entirely on internal treatment, uses gargles of alcohol for cleanliness sake, and omits even those as soon as the slightest cough hints at laryngeal affection.

Rentsch uses Iodine internally and externally for diphtheria faucium, and Bromine for laryngeal diphtheria, internally the 3d^x dilution in water, and the 2d for pencilling.

Fischer lost only one case out of several hundreds, when the patient came under his treatment at once, but it was otherwise when the patient came under treatment in an advanced stage of the disease, or after other treatment failed. He relies chiefly on Apis, but he is very careful to have a reliable preparation, and he therefore prepares his own Apis. An officer suffered from nosocomial gangrene, his wife from intermittent headache, her infant child from intermittent fever, and Apis cured all three patients. The same remedy prevents croup in threatening cases of laryngeal catarrh. A severe case of croup, where tracheotomy was proposed, was cured by Apis alone.

Windelband acknowledges that he saw no benefit from remedial treatment in severe cases of diphtheria; that is, those cases where the larynx is affected. He does not mean inflammatory croup, but genuine diphtheritic croup. He only saved three cases out of many by pencilling with iodoform in substance, but Wilms saved in his hospital sixteen or seventeen cases by laryngotomy or tracheotomy, and in twenty-eight autopsies he found diphtheritic exudation in the larynx.

Objected to for the reason that not only such cases could be considered malignant where the larynx is affected. Many cases succumb to septicæmic fever, or to paralysis of the heart, or to paralysis of the medulla oblongata, or to albuminuria, although the larynx remains perfectly free. The autopsies were not thoroughly made; diphtheritic deposits are characterized by foul odor, accumulation of fungi and thallus-threads, and by lesion of the subjacent mucous tissue. As the Doctor does not state such an obduction, it is doubtful which of his cases were croup and which diphtheria. Severe cases of croup may and are saved by Iodine and Brom., and many cases are lost in spite of tracheotomy.

Sorge cured severe cases of laryngeal diphtheritis with Hepar sulph. Although many such cases will die, we must at any rate try our utmost to prevent the extension from the fauces to the larynx by internal medication.

Fink related the following case: A boy of four years was down with malignant diphtheria. Carbolic acid had been diligently used and failed. Called in consultation, I found the child suffering from great dyspnoea. The soft palate

sloughed off, paralysis and motor ataxia followed, finally hydrops. I used *Mercur. sol.*³⁰, a few pellets in water, in rare doses, at first three times a day a teaspoonful, later only two teaspoonfuls. The family had full confidence in the physician and in homœopathy. The child was saved. This is a cure according to the principles of Hahnemann. In the *Archiv* we find many such cases by the true followers of the master. Is it just to consider such cures mere efforts of nature, because we do not yet understand the action of drug atoms? Griesselich, certainly an undoubted skeptic, considers the action of the thirtieth dilution undoubted and proved. Wurmb and Caspar also published many a cure made with the 30th. Gerstel cured many a case of cholera with the 30th. I see Dr. Windelband smiling, but all that is needed to become convinced of the remedial power of potencies, is to give them a fair and honest trial; only we insist on it that the remedy must be carefully selected in order to cover the totality of the symptoms of the case.

Gerstel, of Vienna, remarked that whereas diphtheria is so frequently seen in Berlin, it is a rare disease in Vienna, but from theoretical reasons he would favor internal treatment. He then spoke of a case of a fibroid tumor in the abdomen. Carefully searching for the cause, he discovered that an old gonorrhœal dyscrasia probably was the origin, and therefore he selected Thuja. The tumor, at first of the size of two fists, has already decreased to one-fourth of its former size. Etiology is of the greatest importance in the selection of our remedies; syphilis is often vaccinated on a scrofulous or psoric soil, and our treatment must correspond to these indications.

Rapp agrees perfectly with this axiom. Many a time we fail with *Mercur.* in treating syphilis, because we must first give Sulphur or Thuja, and then follow it with *Mercur.* He frequently studies in the patient the so-called Rademacher's constitutions, and then prefaces the mercurial treatment with Ferrum or Cuprum.—*Herschel's Klin. Zeitschrift*, Sept. 1875.

CYCLAMEN EUROPÆUM.

BY J. STRUPP, M.D.

1. A gentleman suffered for several years at night from a painful restlessness in bed, so that he had to walk the room to get relief; it was a constant gurgling in the intestines, combined with a general malaise, but always ameliorated by moving about. In spite of different treatments, especially

mineral waters, the nightly paroxysms steadily increased, and the patient himself found out that he could gain partial relief by abstaining from all food after his noon meal. Every transgression was followed by its punishment, and after such a sleepless night he felt the next day used up and unable to attend to his business. He received *Cyclamen*¹², one dose a day, and four doses sufficed to eradicate the whole disease, as well as the vomiting of half-digested food.

(In the pathogenesis of this remedy we find the following symptoms: Grumbling in the abdomen after a meal, returning every day, uncomfortable sensation in the abdomen, with some nausea in that part.)

2. A weakly old man, with pale herpetic face and red nose, complained already for some time, and had been treated by many physicians before trying homœopathy. His suffering begins regularly at 7 P.M., with gnawing pains of the intestines, extending then over the whole body, so that he has to walk about for relief, and after two hours' exercise, and becoming tired, he dares to lie down; after a few hours' sleep he awakes with the same pains, although in a milder degree, so that during the day he can follow his occupation as teacher. A few powders of *Cyclamen*¹² dispersed the whole trouble.

PARALYSIS OF THE VAGUS.

BY DR. FRANZ RIEGEL.

(Translated by S. Lilienthal, M.D.)

THE *nervus vagus* presides over the most varied functions; it gives branches off to the pharynx and larynx, whose sensory as well as motory fibres come from it; also branches to the oesophagus, stomach, trachea and bronchi, especially to the heart, whose inhibitory nerve it is in opposition to the sympatheticus as the stimulator. These two nerves stand therefore in a kind of antagonism one to another, so that in a normal state, and with undisturbed activity, they balance one another, but as soon as the function of one of these nerves is diminished the activity of the other prevails.

It may be easily understood that the *vagus* may become diseased in different ways and at different places, from its origin in the medulla oblongata to the most remote branches. It does not happen very frequently that the *vagus* becomes diseased at its point of origin in the brain and corresponding to the peculiarity of the diseases corresponding to that locality; we hardly ever meet the *vagus* alone affected in consequence

of a central morbid state so that the symptom-group would give us alone the symptoms of paralysis of the vagus. Most cases of that kind are complicated by other symptoms of irritation and paralysis, in consequence of the coaffection of adjacent central parts, and Guttmann (Virchow's *Archiv*, 59, p. 51) affirms that the paralysis from central causes is never so perfect as we observe it in animals after dividing the trunk of the vagus, inasmuch as at the trunk on the neck all its fibres are united, whereas at the central origin they run their course more separately. Cases of paralysis of the vagus from simultaneous central affections are therefore always difficult to diagnose; still cases are on record, and we will only mention one given by Guttman (l. c.), where the symptoms of paralysis of the vagus developed themselves after diphtheritis; whereas palsies of the velum palati after diphtheritis are not very rare, nor paresis of motility of the lower extremities. Genuine palsies of the vagus have only been rarely observed. Feith (*B. K. W.*, 49, 1874) published a case where, after an erysipelas faciei, paralysis of the velum palati and of both *m. cricoarytenoidii postici* set in, rendering tracheotomy necessary. We may verily suppose that also in that case the paralysis was a neuropathic one, caused by some morbid condition of some branches of the *nervus recurrens* or vagus, which supplies these same muscles of the larynx. In Guttmann's case the most striking symptom was the high-graded dyspnoetic respiration, with the peculiarity that the depth of each solitary inspiration was increased, but the totality fell considerably below the normal standard.

Let us look now at the peripheric palsies of the vagus, which give us a clearer picture of the disease, although it is nearly always unilateral, and the symptoms will vary according to the place where the nerve is diseased in its course. Most frequently we find organs in the neighborhood of the vagus diseased, which draw the nerve into coaffection, and thus the symptoms must vary according to the seat, the extent and the mode of the disease. The *nervi recurrentes* of the vagus are most frequently attacked by the paralysis, and hence changes in the voice, most frequently the only symptom of the paralysis of the vagus. Thus Traube (*Deutsche Klinik*, 41, 1860) showed that the *vox anserina*, so often observed in *aneurisma aortæ*, finds its cause in a paralysis of the left *nervi recurrens* in consequence of the pressure of the aneurism at the place where the nerve turns around the *arcus aortæ*. Again, the

right nervi recurrens may be pressed, stretched, and rendered unable to act, in affections of the right apex of the lung or of the subclavian artery. Morbid affections of the mediastinum, of the bronchial glands, of the lateral glands of the neck, of the œsophagus, of the large intrathoracic trunks of the blood-vessels, may lead to affections and paralysis of the trunk of the vagus or of some of its branches.

Before going further, allow me to give you a case in point :

A man, æt. 53, asked, March 24th, for admission into the hospital. He passed, the autumn before, several weeks in the hospital, on account of a moderate bronchitis. He worked then again at his trade for some time. For the last five weeks he had to stop work on account of the troubles in his chest. He chiefly complains of short breathing, especially when walking and going upstairs, or at every bodily exertion, slight cough and palpitation. He had once hæmoptoe, never any fever. We found, at his admission, high-graded emaciation, a withered skin, the features collapsed; sometimes slight involuntary twitchings of single muscles of both forearms and hands. He suffered from similar twitchings at the age of 23, but they disappeared at intervals entirely, and for the last two years he had them only lightly; the lungs normal, with the exception of moderate bronchial manifestations; respiration shows no essential deviation from the normal type and the normal number. The cardiac beat weak, indistinct, *the activity greatly accelerated, 164 beats to the minute*; the pulse of the radial artery filiform. The dull sound of the heart only slightly increased in the horizontal diameter, the sounds weak, but perfectly pure. Temperature of the body normal; abdominal organs without change.

After a few days some hypostatic foci developed in the lungs which hastened the fatal issue. The action of the heart kept up its high number to the last, whereas the temperature fell rather below the normal state.

This great increase of the activity of the heart could, with the absence of all morbid disturbances in other organs, only be explained as of neuropathic origin, and our diagnosis was therefore *paralysis of the vagus*, although there was, with the exception of some weakness in his voice, no other change. A laryngoscopic examination was impossible in the weakened state of the patient.

Autopsy: in the right pleural cavity about one and a half pints of reddish murky fluid; the right lung nearly every-

where free, the left lung slightly adherent. In the pericardium some clear yellow fluid; the heart large, in the right ventricle a large spot (Schneufleck). In both ventricles a large quantity of dark blood-coagula; both ventricles somewhat large and hypertrophied, especially the left one; all the valves perfectly normal. The left lung full of air, only the lower part of the upper lobe slightly infarcted; the lower lobe of the right lung infiltrated, and when cut into, of a dark-red color, and an infarct also of the upper lobe; the liver characteristic of nutmeg liver. The larger bronchial glands greatly enlarged, tough, perfectly black when cut into. The left nervus vagus is perfectly imbedded in a lymphatic gland directly at the spot where the nervi recurrens branches off, and can hardly be isolated. The pigment extends over the whole dimensions of the nerve. With the naked eye even the nerve looks atrophied and less consistent, and microscopically the nerve-fibres of the affected parts have passed into fatty degeneration. The right vagus and recurrens, as well as the brain and other organs, perfectly normal.

Looking over the case in its totality our diagnosis is fully confirmed. The pulmonary infarcts were only a secondary complication, and stood in no direct relation to the primary disease. But the high-graded hypertrophy of the heart may be perhaps considered as a direct consequence of the increased labor of the heart, caused by the paralysis of the heart. It may appear strange that in our case the excessive dyspnoea with the peculiar deep inspiration, and with its considerable diminution in numbers, as observed in animals after division of the vagi, was entirely absent, and that only the beats of the heart were greatly increased.

Experiments on animals give the same result; when only one vagus is divided in animals, we also only meet a remarkable acceleration of the beats of the heart, but none of the other symptoms.

Guttmann divides the paralysis of the vagus into three classes; 1, those caused by pressure of tumors, cicatrices, etc. This is the most frequent form. Thus aneurisma of the aorta, especially of the arcus, but also of other large intrathoracic trunks of bloodvessels, tumors of the mediastinum anterius, enlargement of the bronchial glands may produce it. According to the position and quality of these tumors, the compression and the inhibition of conducting power will nearly always be only unilateral, hardly ever bilateral, and most fre-

quently we see here the laryngeus inferior seu recurrens, a most important branch of the vagus, affected. The consequence of this inhibition of the conducting power falls on the organs provided by this nerve, on the larynx. Exceptionally, both nervi recurrentes may be inhibited (Montault, Gaubrick). In such cases the slow, deep inspirations and similar manifestations lead us to suspect the coaction of the vagi.

Ziemssen showed from numerous experiments on animals, and from exact clinical observations, that bilateral complete paralysis of the nervi recurrentes may produce waste of phonic air, absolute aphony, difficult expectoration, impossibility of coughing strong, but hardly even dyspnœtic manifestations. Where constant dyspnœa is present, we may be sure that the vagus is also affected. But still we must not forget that the tumors themselves may produce a disturbance in respiration, by diminishing and compressing the respiratory organs. In every case we must individualize the character of the dyspnœa, in order to decide whether the tumor or the inhibition of the function of the vagus is the cause of the dyspnœa. In other cases the tumors may not cause any disturbance of respiration, but in the circulation, inasmuch as the vagus from its loss of innervation loses its regulating power over the heart. Hence we meet, just as we do after the division of the vagi in animals, a more or less strong acceleration of the action of the heart. Hayem (*Arch. de Physiol.*, 1869, p. 657) communicates such a case, where, from the pressure of a tumor in the mediastinum, the pulse was constantly 120–130. Obduction showed both vagi included in the neoplasma and the medulla of most nerve-tubuli in fatty granular degeneration. Our case just mentioned belongs to the same category; only in our case the number of heart-beats was still more considerable, although only one side was affected.

We cannot find out from the cases reported, whether a stage of irritation preceded the paralysis. It seems probable from the experiments of Czermak, who produced by mechanical pressure on the vagus manifestations analogous to electric irritation of the vagus in animals. Czermak observed on himself, when compressing the right carotis, a short stoppage of the heart in diastole, and then it beat stronger, but with diminished and gradually increasing frequency. Quinke (*B. K. W.*, 15, 1875) made the same proving on many healthy and diseased persons.

The vagus or some of its branches may be injured during the performance of operations, especially in extirpations of

large tumors on the neck, by gunshot injuries, or from pointed weapons, etc. Many cases of this kind are recorded.

More rarely idiopathic diseases of the nerves may lead to functional disturbances, and we find hardly any mentioned in our whole literature.

EDITORIAL NOTES.

COMPARATIVE RESULTS OF HOMŒOPATHIC AND ALLOPATHIC TREATMENT IN HOSPITALS.—It will be remembered that some time ago a grant was made by the Hungarian Diet for the support of two homœopathic Chairs in the University of Pesth. With a *liberality* which is characteristic of the allopathic school, the dons of the University made an effort to have the annual grant withheld, no doubt being actuated thereto by the same feelings that have led the sapient editor of the *Philadelphia Medical Times* and the delightful Permanent Secretary of the American Medical Association to make themselves a laughing-stock for all liberal minds. But Dr. Bakody, who has certain wards in St. Rochus Hospital, Pesth, knowing full well that the Diet did not care much about the bigotry and intolerance of the allopaths *per se*, and that they were chiefly interested for the public good, laid before the Diet some comparative statistics, which resulted in a continuance of the grant and the subsistence of the brethren of the old school. We present herewith a portion of these statistics, and call attention to their surprising showing.

PNEUMONIA.

	Total Cases.	Deaths.	Per cent.
Vienna General Hospital,	2462	544 =	22.0
Wieden General Hospital,	827	190 =	22.9
St. Rochus Hospital,	1259	320 =	25.4
Dr. Bakody's Wards,	306	20 =	6.5

PLEURISY.

Vienna General Hospital,	699	131 =	18.7
Wieden General Hospital,	272	34 =	12.5
St. Rochus Hospital,	678	48 =	7.0
Dr. Bakody's Wards,	39	2 =	5.1

PERITONITIS (exclusive of Puerperal Cases).

Vienna General Hospital,	324	108 =	33.3
Wieden General Hospital,	76	29 =	38.1
St. Rochus Hospital,	278	117 =	42.0
Dr. Bakody's Wards,	57	1 =	1.7

DYSENTERY.

Vienna General Hospital,	110	43 =	39.0
Wieden General Hospital,	25	7 =	28.0
St. Rochus Hospital,	143	47 =	32.8
Dr. Bakody's Wards,	22	1 =	4.4

TYPHOID FEVER.

	Total Cases.	Deaths.	Per cent.
Vienna General Hospital,	2599	585 =	22.5
Wieden General Hospital,	1018	225 =	22.1
St. Rochus Hospital,	1152	388 =	33.6
Dr. Bakody's Wards,	68	16 =	23.5

GASTRIC AND ENTERIC AFFECTIONS (exclusive of Dysentery and Typhoid Fever).

Vienna General Hospital,	3747	101 =	2.6
Wieden General Hospital,	1891	32 =	1.7
St. Rochus Hospital,	4165	158 =	3.3
Dr. Bakody's Wards,	159	=	

SUMMARY.

The average mortality under the two systems stands as follows:

	Allopathic.	Homeopathic.
Total diseases,	19.9 per ct.	15.7 per ct.
Exclusive of pulmonary tuberculosis, .	14.0 "	9.9 "
Pneumonia,	23.4 "	6.5 "
Pleurisy,	12.7 "	5.1 "
Consumption,	54.9 "	32.1 "
Dis. of respiratory organs in general, .	30.2 "	17.4 "
Peritonitis,	37.3 "	1.7 "
Dysentery,	33.2 "	4.4 "
Typhoid fever,	26.0 "	23.5 "
Gastric and intestinal disease,	2.7 "	

THE WORLD'S HOMŒOPATHIC CONVENTION. RECORD No. 3.—All members of the American Institute of Homœopathy, and a number of physicians not members of the Institute, are in possession, ere this, of a copy of the above record, issued by the Committee of Arrangements of the Convention. It is a very important pamphlet, and worthy the attention of all who receive it.

Most of our readers know, doubtless, that there will be a convention of homœopathic physicians in Philadelphia, June 26th, 1876, at which meeting reports on the progress and present condition of Homœopathy in all parts of the world will be received, together with essays on theoretical and practical homœopathy, by the great lights of the school in this and foreign countries, and that these reports and essays, and the discussions elicited by the latter, will be published in a handsome bound volume, constituting a work at once unique and of great value; a work to be furnished to all members of the Institute who pay their dues and assessments, and thereby help to defray the expenses of this extraordinary gathering. As the report of the Committee of Arrangements to the Institute, at its last session, held at Put-in-Bay, gives a very clear

account of the whole matter, we subjoin extracts from that report, commending the matter to the attention of all, and advising them that it is impossible to overestimate the interest and value that will attach to the Convention.

"The following plan of operations, in so far as a definite plan can be formed at present, is proposed by the Committee:

"By resolution of the Institute in 1874, the Committee understand that the Institute will meet as the World's Homœopathic Convention, in Philadelphia, in 1876; that the officers of the Institute (viz., President, Vice-President, Secretaries, Treasurer, and Censors) elected in 1875 will be the officers of the World's Convention; it being understood, of course, that the Convention may, at its pleasure, elect provisional honorary offices, such distinguished foreign physicians present as it may desire to honor; that the Bureaus and Committees appointed in 1875 will not report until 1877, but that, instead of the reports of Bureaus, etc., the World's Convention will receive and discuss Reports on Homœopathy and Scientific Papers from our own States and from foreign countries.

"It will be necessary on some day during the session of the Convention, to hold a brief executive session of the *Institute*, simply for the election of officers for 1877, for receiving and acting upon the reports of the Publication Committee, the Treasurer and the Board of Censors, and for the election of honorary and active members of the Institute. With this exception, the sessions of the World's Convention will be devoted entirely to the reading and discussion of statistical reports and of scientific papers.

"The Institute has already provided for the appointment of Essayists and Debaters. The Committee propose that scientific papers received from abroad [as well as scientific papers presented by American Essayists] shall be translated (if necessary) and immediately printed, and copies furnished to the physicians expected to discuss them (and to members of the Convention on its assemblage), in order that opportunity and time may be afforded for abundant preparation. That this may be done, it will be necessary that the Treasurer receive funds for the expenses of the Convention as early as January 1st, 1876.

"The Committee propose that the expenditures for the Convention be strictly limited to the printing of the Transactions, the cost of a hall, and the incidental expenses of a meeting of scientific men for the discussion of scientific subjects.

"To raise the necessary funds, and in due season, the Committee propose:

"1. That members of the Institute be requested to pay their dues as established by law and by special resolution of 1875 [levying on each member an assessment of two and a half dollars for 1876, in addition to his regular dues], *before January 1st*, instead of waiting until June 1st, 1876.

"2. That the Committee of Arrangements, of which two members represent their respective States, be constituted, with the Treasurer of the Institute, a Finance Committee; the State representatives to secure from members of the profession (or others) in their States, irrespective of membership of the Institute, such contributions to the convention-fund as they may be able to procure, and send them to the Treasurer of the Institute.

"The Committee have ordered their officers to estimate what sum of money, in addition to the income of the Institute (including the special assessment), will be required, and to apportion it among the States in ratio of membership of the Institute, and to notify State representatives and members of the Institute of the per capita apportionment, and to urge speedy and generous contributions.

"By the proposed arrangement, and in accordance with the resolution of the Institute in 1874, every member of the Institute who shall have paid his dues [including the special assessment] will receive the Transactions of the World's Convention (in a bound volume). But the material available for these Transactions, constituting as it will an historical and statistical Report of Homœopathy and a representation of Homœopathic Thought and Practice throughout the world, will involve a large and costly publication, which cannot be issued unless members, besides paying their dues [and assessments], contribute liberally and promptly, according to their ability, to the convention-fund. If issued in a complete form, the Transactions will, it is believed, constitute a work unique in kind, and of the greatest value to every physician of our school.

"The Committee propose that the time of meeting of the World's Homœopathic Convention be Monday, June 26th, 1876, and that the duration of the session depend on the business which may come before the Convention.

"Respectfully submitted by order of the Committee of Arrangements.

"CARROLL DUNHAM, M.D.,

"Chairman.

"P. DUDLEY, M.D.,

"Secretary.

"After the reading of the above report, the Institute unanimously passed the following resolution:

"*Resolved*, That the Institute receive and adopt the Report of the Committee of Arrangements of the World's Homœopathic Convention; that it renew the authority conferred on said Committee in 1874, and instruct the Committee to carry out the plan of proceedings proposed in its report."

THE FIFTIETH ANNIVERSARY OF THE INTRODUCTION OF HOMŒOPATHY INTO AMERICA.—This event was celebrated at the Ophthalmic Hospital, New York, on the evening of September 21st. Dr. John F.

Gray, the veteran, and one of the few survivors of those who practiced homœopathy prior to 1834, was called to the chair, with Drs. B. F. Joslin and Perrine, as Vice-Presidents. Dr. P. P. Wells, another of the older practitioners, made a speech in which he referred to Dr. H. B. Gram, and his introduction of the practice of Hahnemann into the New World, and contrasted then with now. Dr. Gray also spoke, and gave sketches of Gram, Channing, Hull, and others of the pioneers. Dr. John W. Dowling presented a history of homœopathy in the United States, and speeches were made by Drs. Carroll Dunham, T. F. Allen, and S. A. Jones. Letters of regret were read from William Cullen Bryant and Mayor Wickham. A very enjoyable and memorable evening was then spent. The homœopathists of New York have very much to be proud of and thankful for when they glance over the fifty years of work that has been done, and the results that it has borne to them. Their hardest tasks are completed, and they require now only prudence, patience, and perseverance, to accomplish all that they may desire for humanity and homœopathy.

THE NEW YORK HOMŒOPATHIC CHARITY HOSPITAL.—The Commissioners of Public Charities and Correction, of New York City, in response to the petition of certain taxpayers, have set apart a building on Ward's Island, forming the Inebriate Asylum, for use as a charity hospital, to be under homœopathic control. The building is large, nearly three hundred feet in length, and two hundred in depth, and three stories high, well ventilated, in every way adapted for hospital purposes, and having a capacity of eight hundred beds. It has a full staff of physicians and surgeons, and was formally opened on the 10th of September. This achievement, accomplished through the determination of the homœopathic physicians and laymen of New York to have their rights, and quietly but vigorously taking proper measures to secure them, is a notable event in the history of homœopathy in this country, and following so close on that other notable event, the establishment of a homœopathic school in connection with the University of Michigan, the two may be taken as indicating a certain progress in the direction of breaking down the barriers that the allopathic school have, with unceasing toil, erected between the homœopathic profession and the justice and judgment of the American people. The comments of various old-school journals on these events are both curious and comical, and many of them serve the cause of homœopathy well with all sensible people. The Editor of the *Medical Record*, a journal published in New York, in an outburst of generosity sufficient to asphyxiate him, yet not quite willing or able to refrain from the old-style method of treating homœopathy and homœopathists, writes as follows:

"It is claimed by the homœopaths that in matters of diagnosis and pathology we are their masters. If they are unwilling to take back their oft-repeated assertion, they should concede us the right of aiding

them in their endeavors to start aright; in other words, they can lose nothing by allowing us the privilege of making a diagnosis for them, and verifying its correctness by autopsical examination, in case their treatment should ever result disastrously to the patient. Under the government of the same board that manages Bellevue and Charity Hospitals, a very satisfactory examination can be made to accomplish the purpose. Indeed, we understand that a plan having such an end in view is already under contemplation by the Commissioners of Charities and Correction, and if it be consistently, conscientiously, and honestly carried out, the establishment of the homœopathic hospital may be the beginning of the end of a controversy which has lasted altogether too long, and which has seriously damaged true progress in medicine. We believe with the homœopaths that there is but one God in medicine; but it is not quite clear to us that Hahnemann is his prophet. Let us, however, in the spirit of humanity, patiently listen to what they claim to be their infallible argument."

It is certainly news to homœopaths that they have either "claimed" or "admitted" that in matters of diagnosis and pathology, their old-school brethren are their superiors. On the contrary, homœopathy demands that pathology and diagnosis be made a *sine qua non* of therapeutics, and that the followers of Hahnemann must of necessity be good pathologists and diagnosticians in order to be successful practitioners. It is true that homœopathic practice does not consist exclusively of pathology, diagnosis, and autopsy; that the homœopathic physician does not diagnose and then stand over his patient, scalpel in hand, to verify, for it has a therapeutical method essential to it, which is intended to prevent verifications of diagnosis by autopsy, if possible. The statement that the Commissioners of Charities and Correction have in contemplation a scheme for securing the services of certain allopaths to diagnose and make autopsies for the homœopaths is so grossly absurd, that we wonder how even an allopathic journalist could be so far misled as to print such a canard. It is a great relief, too, to know that it cannot be true; for we shudder when we think of the contamination these poor allopaths would be subjected to by entering a homœopathic hospital, standing in the wards or the dead-house with homœopathic physicians, and hacking at the bodies of those who had been killed by homœopathic poisoning or allowed to die by homœopathic inefficiency—a contamination that even the aggregated elements of a common humanity could not save them from.

PUBLICATIONS RECEIVED.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE, 1875. Edited by C. G. RAUE, M.D., and Assistants. New York and Philadelphia: Boericke & Tafel, pp. 376.

This welcome annual appears in good season. "If heat means love," says the genial Raue, "this volume is surely a child of love, and if light signifies wisdom, it should not be wanting in shedding a vast amount of information, as it took form and shape during the hottest and longest days of the year." It is, therefore, a "red-hot" *Record*, and as such it very appropriately opens with hell, purgatory, and thunder-weather. Joking apart, however, we find the same array of valuable material in this volume as of yore, the same painstaking energy in collecting, clipping, and arranging, and nearly the same co-laborers as worked on Volume 1.

The work, as usual, is divided into sections, the first being devoted to *Materia Medica*, and arranged by Dr. Hering. It is briefer than usual, comprising but 28 pages. Section 2 treats of "Practice," and as the most important, naturally constitutes the greater part of the volume, nearly 270 pages. And in these 270 pages may be found the practical and useful matter that has appeared in the monthlies and quarterlies throughout the world during the year 1874, either in full, condensed, or the original source referred to. One would think that such a collection as this would of itself be sufficient to command the sale of a copy of the work to every practicing homœopathist in the world. The surgical part is brief, but valuable, comprising 22 pages; while the remainder of the volume consists of the part on "*Theory*," *Posology*, *Climatology*, *Physiology*, *Chemistry*, and the usual copious General Index, Index to Remedies, and Index to Authors. A larger field than formerly has been gleaned to make up this volume. The *Bibliothèque Homœopathique*, *El Criterio Medico*, the *Revue Homœopathique Belge*, and the *Calcutta Journal of Medicine* have been laid under contribution, in addition to the American and English journals, and the *Proceedings* of various associations.

At the meeting of the American Institute of Homœopathy at Put-in-Bay, Dr. Lilienthal, when making his report as Chairman of the Bureau of Medical Literature, no doubt astounded many of his hearers when he made the statement that Messrs. Boericke & Tafel intended abandoning the *Record*, because it did not pay. This statement is, alas, too true. They are willing to publish books if they can get their money back, but they are not willing to publish at a loss. They had fully determined to not issue another volume, but they have since declared, to please their friends, that they will continue the publication, provided 500 subscriptions at \$3 each can be obtained. To what low depth has the homœopathic profession sunk, if there cannot be found 500 who will agree to pay one cent a day for a year, exclusive of Sundays, for the purchase of this most valuable annual summary of practice, *materia medica*, and the other good things of a year. Messrs. Boericke & Tafel are skeptical, but we are not, and believe that there will be no trouble in getting more than the required number of subscribers to insure a continuance of the work.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, November, 1875.

No. 4.

SHALL WE GENERALIZE?

BY PEMBERTON DUDLEY, M.D.

(Read before the Hahnemann Club of Philadelphia.)

THE recent discussion (by the Hahnemann Academy of Medicine, in New York), of the subject of "the physiological interpretation of symptoms," not only indicates an undue fear of the "tendency to generalization," but magnifies the evils of such a tendency. It may well be doubted if, in the practice of any large number of physicians, the process of generalization is rigidly excluded, or even if the sentiments expressed in the discussion alluded to constituted an exact *similimum* of the methods resorted to, unconsciously, perhaps, by these same physicians in their everyday life and labor.

In all clinical examinations there is ever present to the educated physician, a tendency to reason from the symptoms presented back to the physiological derangement which gives rise to them, and still further to their originating cause. From this "cause" and its resulting "derangement" he suspects the existence of other symptoms, whose presence or absence he proceeds to ascertain by further examination. He may, from very habit, become almost unconscious of this process, and yet without it his search for further symptoms is but an unaided guesswork—a meaningless groping in the dark. Then, as the group of symptoms, and perhaps its physiological interpretation, stand outlined before his mental vision, a whole range of remedies suggest themselves, from which he selects the one most clearly indicated by the detailed symptoms.

Without this mental process, his practice loses its scientific character and becomes the merest art. With it he is enabled to obtain a more complete group of symptoms, to distinguish the more important symptoms from those of less importance, to detect and obviate the modifying effects of surrounding circumstances, to exclude symptoms having no physiological, and therefore no therapeutic, relation to the disease under treatment, to appreciate the mutual relation and dependence of the various symptoms, and thus to obtain in the only way possible a correct idea of that complete unity which constitutes them *a group*, and not a mere aggregation of symptoms.

The same is true of the symptoms of the remedy. The idea of similarity includes something more than the mere fact that for each symptom in the one group there is a like symptom in the other. It embraces this additional element, that the relation of the symptoms to, and their dependence upon each other, and their comparative intensity, must be alike in both groups. Hence the writer has always held that no study of the *Materia Medica* can be complete and satisfactory, which does not include a knowledge of the general order in which the symptoms occur in the provings, and of their relations to each other as respects cause and effect.

So then, the physiological interpretation of the symptoms either of a disease or of a drug, even though it does lead to generalization, is not therefore to be either shunned as misleading, or toyed with as the mere harmless plaything that some of our friends of the Hahnemann Academy would have us believe. In the practice of an art so intricate and extensive as ours, *we must generalize before we can individualize*. The very idea of individualization implies, and, we think, necessitates, a previous generalization. So far from any misleading or confusing effects resulting from such a method, it ought to be regarded as one of our very best helps to a correct individualization; for after all has been said, this is the *ultimate* object sought by every true homœopathist.

It has already been intimated that on the part of the educated physician, the tendency to classify symptoms is almost irresistible. As the patient details his ailments, the physician *will* interpret and group them in spite of himself. And there are three ways of doing it. First, according to their supposed relation to some particular part or organ or function of the body. Secondly, according to their relation to some specific type or form of disease. Thirdly, according to their similar-

ity to the symptoms of some drug. The first and second are natural and logical methods; the third is strained and arbitrary. Any successful attempt, by a homœopathist, to avoid the first and second methods will certainly result in the (conscious or unconscious) adoption of the third, by far the most misleading of all; since by it the physician, instead of applying the remedy to the disease, applies the disease to the remedy, and seeks for symptoms corresponding to the particular remedy that may chance to occupy his mind.

The practice of generalization in homœopathic prescribing may be, and undoubtedly often is, abused; as for instance, when the physician, having reached the *general* result of his examination, allows himself to select one of a class of remedies suited in a sort of general way to his patient's condition, instead of carrying the mental process on to a complete individualization according to the minute symptomatic details of the case. Yet even this can hardly be worse than that method which, from some peculiar (perhaps unusual) symptom, fixes upon a particular remedy, and then pushes the examination for symptoms corresponding to it. This may be individualization; if so, may we all be delivered from it. Let us rather be generalizers, but let us use our generalization as not abusing it, and let us, if we can, interpret physiologically the symptoms both of the disease and of the remedy, and aim at such a selection as that the drug and the malady shall both speak in similar language (symptoms) which, being interpreted, shall be found to express a similar meaning.

PSORINUM.

TRANSLATED BY S. LILIENTHAL, M.D.

(THE first proving of Psorinum is to be found in the thirteenth volume of Stapf's *Archiv* (*vide N. A. J. of H.*, November, 1875). Gross publishes another proving in the fifteenth volume of the same journal, which is now given in an English rendering.)

Great obtuseness of the head, so that he fears an inflammation of the brain; nosebleed relieves.

Vertigo and former sparks before the eyes reappear.

Much dizziness in the head.

Frequent, intermittent headache (Liedbeck, from nine drops of the 29th potency).

5. **Pressing headache* on small spots in the forehead and temples, mostly on the left side, with a sensation of intoxication and stupidity of the head (Ilke).
Pressing headache, especially unilateral (Ilke, in an hepatic patient).
Dull pressing headache on a small spot of the vertex, after an hour; returning repeatedly (Ilke, from three pellets of the 30th).
Pressing, frequently at intervals; pinching pain, with a sensation of heaviness in the upper part of the forehead; sometimes the whole forehead aches, and then it feels as if the temples were pressed in; after, it suddenly changes to pressing pains in the molars, most frequently when walking in the fresh air. It begins early in the morning, and is most severe in the early hours of the morning and evening (Ilke, from ten drops of the 1st, after eight hours).
Headache, pressing, over the whole forehead, especially in the temples, increased by steady mental exertion, relieved by motion, especially in the fresh air. It is worst morning and evening, with excessive sensation of heaviness in the forehead; frequently it suddenly passes off, and attacks instead the molars of the left side (Ilke, from ten drops of the 30th).
10. Pain in the head; an excruciating tearing, from which, in a similar manner, he formerly suffered, and then always for two days, is this time combined with a high fever and general arthritic pains (Kretschmar).
Dull headache with eructations.
Weakness of the head.
**Tinea capitis*.
Blepharitis and loosening of the internal surface, with photophobia, so that the child could not open the eyes for two weeks, and laid constantly on its face, entirely disappears.
15. Burning, pressing pains in the eyes, when looking sharply at something, and in the evening by candlelight (Ilke, from ten gtt. of 30th).
Heat and itching in the internal corners of the eyes (Liedbeck, from forty-nine drops of the 29th potency).
The former sparks with vertigo before the eyes reappear.
Swelling of the face and eyes.

Heat and itching of the right ear (Liedbeck, from forty-nine drops of 29th potency).

20. Solitary, intermitting tug through the left external meatus auditorius, sometimes also through the right one, as from the temporal muscle to the processus lingualis; for several days (Ilke, from ten gtt. of 30th).

The former surring in the ears becomes so severe that he feels stupefied.

He feels in his ears as if they were stuffed with cotton, for several forenoons.

Swelled upper lip.

A yellow vesicle of the size of a pin's head gradually forms at the red edge of the lower lip, feeling sore only when touched, after 24th (Ilke, from four pellets of 30th).

25. Around the whole mouth an eruption of small vesicles. Above both corners of the mouth, towards the outside, larger sore spots, exuding a fluid which seemed to originate from scratching the above-mentioned vesicle, and cause a continual scratching (Ilke, in a boy of three years, otherwise perfectly healthy, from ten drops of the first, after three days).

At night he gnashes his teeth so severely that it awakens him (after three doses of the 30th).

Intermitting tearing toothache in the molars of the left side, sometimes only a slight soreness; alternating with the headache (Ilke, from ten gtt. of 30th).

The gums inflame and swell up at a posterior hollow molar, with a crawling pain, aggravated by touch (Ilke, from ten gtt. of 30th).

Suddenly, and without cause, blood escapes from the hollow tooth (the same).

30. Some dryness of the throat and oppression of the chest, immediately after taking the medicine (Kretschmar).

Coated tongue.

Scratching in the back part of the mouth; when sitting with the body leaning backward, feels asthmatic; after twelve hours (Ilke, from four pellets of 30th).

To the posterior wall of the soft palate tough, scratching mucus adheres, tasting like old cheese, apparently coming from the choanæ, after nine hours (Ilke, from six gtt. of 30th).

Secretion of thick mucus from the choanæ into the mouth.

35. The symptoms of Hahnemann's Psorinum, 150 and 151, are entirely repeated (Liedbeck after smelling the 28th potency in sugar, and are again repeated from forty-ninth gtt. of 29th potency).
 Dryness of the fauces, with moisture in the mouth (Ilke).
 Adhesion of tough mucus to the posterior surface of the soft palate, necessitating hawking (Ilke, observed on an herpetic patient).
 Bitter taste, passing off after eating and drinking (Ilke, from four pellets of 30th).
 Bitter taste mornings before eating, passing off during the meal, the tongue not coated (Ilke).
 40. Bitter taste when not eating (Ilke).
 Bad taste, which finally becomes coppery (Kretschmar).
 Nausea after all food.
 Eructations with dull headache.
 Frequent oppression of the stomach.
 45. Bloatingness of the stomach.
 Pains in abdomen, especially in the epigastric region, as from canine hunger and accumulation of flatus, one hour after supper, after three days (Ilke, from six gtt. of 30th).
 Pains in abdomen after eating, flatulency and tendency to diarrhœa; relief when flatus passes off (Ilke).
 Gurgling and roaring in abdomen (Ilke, from ten gtt. of 30th).
 Gurgling in the small intestines; after one hour (Ilke, from four pellets of 30th).
 50. Passage of foul smelling flatus.
 Dull pain in the right inguinal ring (Ilke, from four pellets of 30th).
 He passes, as formerly, bloody mucus with the stool.
 *The stools are better and more regular than for years.
 Tendency to constipation.
 55. Obstinate constipation.
 The intestinal secretion is more copious and never so consistent as usual; for two days (Liedbeck, from forty-nine gtt. of 29th).
 Stool irregular, either costive or mushy (Ilke, from ten gtt. of 30th).
 Green bilous diarrhœa mixed with mucus.
 Soft stool, but passing with difficulty (Ilke).
 60. Spasmodic pain in the rectum (Ilke).

Unpleasant burning in the rectum, high up.

*An old sensitive pain in the rectum (hæmorrhoidal) passes off entirely.

Burning knobs at the anus.

Hæmorrhoidal troubles in stormy weather.

65. The urine has a red sediment and a pellicle of fat.

Has to get up frequently at night to micturate.

**Cannot hold his urine*; paralysis vesicæ.

*Two cases of chronic, painless blennorrhœa from the male urethra, leaving deep yellow spots on the linen, of psoric origin (one case appeared after varicella had run its course). Cured by a few pellets of Psorinum 36th (Ilke).

Absence of erections (Ilke).

70. Absence of erections, even with lascivious thoughts, for about two weeks, followed for four days by morning erections and pollutions, with satyriasis, and finally the usual state (Ilke, from ten gtt. of 30th).

Drawing in the testicles, but more steady in the small of the back, for several days. *Impotence*.

Drawing in the nose up to the frontal cavities, with pains in the eyes, as if coryza would set in, afterwards some fluid is discharged from the nose, after one hour (Kretschmar).

The nose is not stuffed, but sometimes, especially when stooping, a clear watery fluid pours from the nose, especially from the left nostril.

Towards the root of the nose a scratching crawling sensation, as if coryza would set in (Ilke, from six gtt. of 30th).

75. Dry coryza with obstruction of the nose.

An old coryza passed off after a few days (Liedbeck, from smelling 28th potency).

The dry coryza increases steadily (Liedbeck, from forty-nine gtt. of 29th).

Fluent coryza without obstruction of the nostrils. A few drops of water frequently escape from the nostrils (Ilke, from ten gtt. of 30th).

A tough mucus is secreted through the choanæ, adhering to the soft palate, and causing hawking; it tastes like old cheese (Ilke, from ten gtt. of 30th).

80. Fluent coryza from left nostril, after sixteen hours (Ilke, from four pellets of 30th).

Scraping sensation in throat, as if he would become hoarse (Ilke, observed on an herpetic patient).

Hoarseness and crawling sensation in the larynx, producing a dry tussiculation at times, when sitting with the body bent backwards; at the same time a sensation of contraction and of heaviness in the entire thorax, and pressing pain in the upper part of the sternum; after sixteen hours (Ilke, from six gtt. of 30th).

Cough sometimes with expectoration of mucus mixed with streaks of blood.

*A kind of (dry?) cough was always cured by Psorinum 15 (Kretschmar).

85. Cough, so that he could not remain in bed for four nights, nor sleep for an hour, felt weak and dizzy.

In the morning cough with copious expectoration (Liedbeck, from forty-nine gtt. of 29th).

Scratching in the throat with hoarseness, causing a dry cough (Ilke, from ten gtt. of 30th).

When awaking, sensation of constriction, whistling respiration, passing off after half an hour. In the evening again some whistling in the chest.

Pressing pains in the chest, always in small spots (Ilke, from ten gtt. of 30th).

90. Pressing pains in the chest, always only for a short time (Ilke, from ten gtt. of 30th).

Feels contracted in the chest and somewhat dry in the throat, immediately after taking the medicine (Kretschmar).

Pressure on the chest.

Pain in the muscles of the right neck, in their upper sinewy part, as if there was too much tension (strain?), when turning the head to the right side or backward and sideways; relieved by external pressure (Ilke).

For several days continual drawing in the small of the back, and sometimes in the testicles.

95. Aching in the small of the back, especially during motion, like *molimina hæmorrhodalia*, so that he cannot walk straight (Liedbeck, from smelling 28th potency on s. l.).

*Former tearing in the arms passes off.

The left arm feels asleep, with crawling in the fingers, in the morning in bed; after half an hour (Ilke, four pellets of 30th).

Sensation as if the left arm was asleep, and loss of sensibility in the three first fingers and of half the hand, mornings, for an hour, after one and a half hours (Ilke, from ten gtt. of 30th).

On the fingers of the left hand several small warts of the size of a pin's-head, slightly raised above the skin, smooth, as if they were pared off; after fourteen days (Ilke, from ten gtt. of 30th).

100. Sensation in the right leg, as if it would go to sleep; after 8 hours (Ilke, from six gtt. of 30th).

Pains in the legs, especially in the tibiæ and soles, as after too much exercise in walking, with a peculiar restlessness in the legs, so that he frequently changes position, passing off after rising, for several mornings while in bed; after eight hours (Ilke, from four pellets of 30th).

Bruised sensation in the tibiæ and soles of the feet, as after a tiresome journey on foot, for several mornings in bed (Ilke, from ten gtt. of 30th).

Tearing, wandering pains in the extremities, especially affecting the tibiæ and soles of the feet, but also the finger-joints, once and awhile also the right patella, relieved by motion (Ilke, from ten gtt. of 30th).

An itching in the knee-joints, which he had for several years, especially of the left foot, becomes aggravated, and the herpetic eruption begins to become pustular (Liedbeck, from forty-nine gtt. of 29th).

105. In the evening, after taking a glass of Muscat wine, itching of the soles with titillation and heat (Liedbeck, from forty-nine gtt. of 29th potency).

Feet icy-cold, from evening to morning, for several nights (Ilke, from ten drops of 30th).

Cramp or spasm in solitary toes, especially in the big toe of the left foot, when stretching it out or taking off boots (Ilke).

A big swelling around the ankles passes off.

Stormy weather affects him; he feels already a restlessness in his blood a few days beforehand.

110. Stormy weather makes him sick and causes hæmorrhoidal troubles.

He looks pale, exhausted, and thinner than usual; all his clothing is too wide for him; after fourteen days (Liedbeck, from forty-nine gtt. of 29th).

Pains in the lumbar vertebræ, with simultaneous aches in the abdomen; flatulent troubles; pains in the seminal chords and testicles, as if from hyperæmia; a soft stool passed with difficulty.

At intervals a tearing pain in the joints of the fingers, and in the humerus, knee, toes, lasting a short time, but frequently repeated, relieved by motion (Ilke).

*An old dull cough, palpitation, a fixed pain in the right chest disappears, the entire feeling is better, only the lower white of the eye turns red, and ulcers form on it, the eye waters, without pain, with photophobia, better in the fresh air.

115. After putting on too light clothing in the spring, he suffers from his old rheumatic pains in the neck, head, shoulders, back, and stomach, etc., with constant eructations, irregular stools, twitching in the left eye.

*A dry cough, a pain in the chest for the last three months, a constricting pressure at the fourth and fifth rib near the sternum, an excessive irritability and ill humor disappears (Kretschmar).

*Deeply penetrating, ichorous ulcers begin to heal.

In the face, on the hands and back, also on the legs, an itch-like eruption appears, and the eyes agglutinate so that they cannot be opened.

Especially on the hands, the wrist and palms, numbers of small papules and ulcers oozing out for hours; after being opened, a large quantity of a watery fluid.

120. Towards evening there appears on the buttocks numerous small boils, causing a burning itching, which soon disappears, and which have small crusts.

Small boils on the chest and loins.

Itching over the whole body; when rubbed, small papules and vesicles arise.

Itching between the fingers, so that he has to scratch continually; small vesicles full of lymph.

Eruption of small vesicles, quickly filling with a yellow lymph, painful like sores to the touch, drying up after a few days, on the forehead and several places of the face, also behind the right ear (Ilke, ten gtt. of 30th).

125. *Severe itching* over the whole body, at night, preventing sleep (Ilke).

Voluptuous itching at the point where a flea bit; can

hardly stand it; white hard blisters on a red base at such points (Ilke).

*In several cases, where young soldiers had their legs full of oozing blisters of the size of a sixpence, arising from small pustules, and increasing constantly in size with tearing pains, *Psorinum* showed its power after a few doses (Ilke).

Eruptions, consisting of vesicles filled with lymph, painful to the touch at various places of the body; some form papules and itch severely (Ilke, ten gtt. of 30th).

Eruptions causing an itching-stinging pain, burning after scratching, and feeling sore (Ilke, observed on an herpetic patient).

130. It always aggravates herpes and produces troublesome colic, or stinging-itching.

It reproduced a large quantity of small warts, which he had years ago on the left hand (Ilke, observation on an herpetic patient).

An old rhagades near the processus styloideus ulnæ dextræ suppurated, itched, and remained surrounded by small blisters filled with clear water; these soon changed to pustules, which healed under a crust (Liedbeck, from smelling 28th potency on s. l.).

*The herpetic eruptions gradually take on a healing process (Liedbeck, from forty-nine gtt. of 29th).

Crawling and tingling of all extremities for several days (Ilke, ten gtt. of 30th).

135. Great heaviness of the whole body, as if he would get an intermittent.

When taking a walk, profuse sweat with consequent debility and catching cold easily.

He is very irritable, although he conquers his ill-humor. Only disagreeable things touch him, agreeable impressions he passes by without taking notice of them (Liedbeck, from smelling 28th potency on s. l.).

Very ill-humored (Kretschmar).

Angry for two days (Kretschmar, from one drop of 15th).

140. He is anxious, full of fear, and melancholic.

GELSEMINUM IN CHOROIDITIS SEROSA.

BY GEORGE S. NORTON, M.D.

MRS. T., aged 56, dark complexion, bilious temperament, applied to me for treatment at New York Ophthalmic Hospital, on March 25th, 1875. For ten days she has been troubled with pain in the eyes and ringing in the ears. Now the eyes feels full, with a dull, pressing, aching pain in the eyeballs, made worse by turning the eyes in any direction, by exposure to any light, and in the morning; better in the evening. Some pain in the temples, relieved by pressure. Upon examination, found the vision equal to $\frac{2}{7}$ with difficulty. External appearance of eyes normal, pupils a trifle dilated, and four or five slender adhesions of the iris to lens are to be seen. Ophthalmoscope shows slight hyperæmia of the fundus, optic nerve not as well defined as usual, and very slight haziness of the vitreous. Gave Bry.³⁰ internally, and used a solution of Atropine, four grains to the ounce, externally. March 30th. On the 26th, had symptoms of Atropine poisoning, but the synechiæ were torn and pupils widely dilated. Since then she has been growing rapidly worse, so that vision is now only $\frac{2}{7}$, ciliary vessels injected, pupils dilated, vitreous so hazy can with difficulty distinguish the fundus; sore, aching pain in left eye; dull frontal headache and much nausea.

Admitted to hospital, confined to dark room, and gave Ipecac.³⁰

April 1st. No improvement; as two or three small adhesions have formed again, notwithstanding the pupils being dilated, used a drop of the above solution of Atropine, and within a short time the constriction of the throat and dryness of the mouth came on very severe. As an experiment, gave one dose of Bell.¹⁰⁰⁰. She was soon relieved and went to sleep. China³⁰.

April 3d. Is much worse; cannot distinguish faces or even count fingers on account of the haziness of the vitreous, which renders the fundus invisible. Conjunctiva more injected and slightly chemosed. Dull aching pain in and around the eyes, aggravated on any motion of the eyeballs. Appetite poor, nausea and much thirst. Very depressed in spirits. Applied a compress bandage and gave Bry.³⁰.

May 12th. Has steadily but slowly improved since April 3d, under Bry.³⁰ and the use of the bandage, which I removed entirely to-day. Has had no other remedy except two or three doses of Nux vom. for the "trembling sensation in the

stomach," fluttering of the heart and nausea, and once Bell. on account of an attack of cerebral congestion with hallucinations. The dimness of vision varies greatly from day to day, but is usually worse in the morning, and in the right eye. Is able to distinguish objects very nicely, though she complains of an aching pain in the bone around the eyes. Aurum³⁰.

May 13th. Much worse. Bry.³⁰.

May 28th. Continued improvement until this afternoon when a peculiar symptom made its appearance. She complained of something being in the right eye, and upon opening the lids the cornea was seen studded with small elevated points not larger than the head of a needle, giving the appearance of white sand sprinkled over the cornea; eye was red and irritable, with sharp sticking pain upon moving it. Aconite seemed to relieve, as they entirely disappeared.

June 3d. On the morning of May 29th, the cornea was perfectly clear, but late in the afternoon the same appearance returned as on the day previous. The next morning it had disappeared, but soon returned, and since then has remained constant. Sulphur did not relieve. Now I find the cornea of right eye rough with these points, which appear like minute blisters scattered over the whole surface of the cornea. The eye is very painful upon any movement or to touch. The vision of right eye, which has been better than the left, is now very hazy, so that with either eye she can with difficulty distinguish faces. Vitreous very dim indeed; pupils slightly dilated. Has a constant aching pain in both eyes, as well as the sharp sticking pain in the right, upon movement of the eye. Head feels dull and full; occasional "trembling sensation in the pit of the stomach." Appetite is fair, but she is compelled to be careful on account of the stomach trouble. Very little thirst. Is very despondent. Gels.³⁰ every three hours.

June 4th. Visible improvement. Repeat.

June 6th. Only two or three small points are to be seen on the cornea, and vision is decidedly better. Left eye somewhat hazy, especially in the morning. Other symptoms much better. Continue treatment.

June 17th. Has been steadily improving under the use of Gels. until now the eyes appear very well, with the exception of a little sensitiveness to light. Vitreous quite clear. Fundus still a little hyperæmic. $V. = \frac{2}{3}0$.

Discharged from hospital to-day, directing her to continue

the use of Gels. for a time, and to wear blue glasses when in a bright light.

July 3d. Eyes appear well, and she is able to use them considerably now.

The following case, though not wholly cured yet, has been so much relieved and so far serves to support the preceding case, that I am tempted to report it in confirmation of the action of Gelseminum.

Mrs. S., age 45, was sent to me January 8th, 1875, at New York Ophthalmic Hospital. Complains of dimness of vision for three weeks, coming on after a severe headache of nearly two weeks' duration. Has been subject to headaches for seven years, which usually commence in the temples, extend to the occiput, and are preceded, for about fifteen minutes, by almost complete blindness.

Status præsens, r. v. = $\frac{20}{200}$, l. v. = $\frac{12}{200}$. With convex 20, r. v. = $\frac{20}{30}$, and with convex 9, l. v. = $\frac{20}{70}$.

Ophthalmoscope revealed a decided hyperæmia and swelling of the optic nerve, whose outlines were indistinct, veins enlarged, and arteries veiled. Scotoma.

Commencing neuritis descendens was the diagnosis made. Bellad.³⁰ was prescribed.

April 8th. Has had Bellad. in either the thirtieth or third potency up to the present time. The vision is much improved and fundus appears nearly normal; v. = $\frac{20}{70}$ without glasses. Headaches much better. Repeat Bellad.

June 7th. Since last date, has had more headache, and eyes have been growing worse. Cedron, Bry., Phos., and Sulph. have been given with only temporary relief. Now complains of aching pain in both eyes, which comes and goes suddenly, and continues about fifteen minutes; also sore aching pain in both temples, better on lying down, and worse in the afternoon. Vision very dim, she can hardly see No. 200 at twenty feet. Flashes of various colored light are seen in the dark. On examination with the ophthalmoscope I find the optic papilla hyperæmic, outlines ill-defined, and vessels enlarged, though it is difficult to see the fundus on account of the haziness of the vitreous. Lens is a little dim in the left eye. Gelseminum³⁰ was given.

June 28th. Has been steadily improving until now v. = $\frac{20}{70}$. With convex 20, r. v. = $\frac{20}{20}$, and with convex 14, l. v. = $\frac{20}{50}$. Fundus, especially of left eye, still slightly hyperæmic and

hazy, though becoming rapidly better. Has had no headache since taking the Gels. Continue treatment.

Remarks.—The Yellow Jessamine, like the majority of our drugs, has been so incompletely proven upon the eye, and its clinical application has been so limited, that we are at a loss to know just what cases it is adapted to, though satisfied that it has an important action upon the special sense of sight; for in nearly all its provings, blindness or obscuration of vision seems to have been a prominent symptom. That it is useful in ptosis, diplopia, strabismus, etc., due to paralysis or weakness of the muscles, has been demonstrated, but as this does not account for the frequent occurrence of blindness, we must look farther into its action. The head symptoms point to cerebral congestion, which is undoubtedly present, and from this we are led to suspect that the dimness of vision may be caused by disturbance in the vascular supply, and therefore chiefly to be looked for in the choroid. The other symptoms of dilatation of the pupils, and feeling of fulness or bruised sensation in the eye, would also suggest serious inflammation of the choroid to our minds, as a disease where this drug might be indicated. The above cases serve to prove the truth of this suggestion in so far as it is possible for two cases to do, though it still remains for future experience to show to just what type of the disease this remedy is adapted. In the first case it will be noticed that marked temporary benefit was obtained under the use of Bryonia, which is an important remedy in this form of inflammation, but permanent relief was not gained until Gels. was given, when immediate improvement commenced, and an early cure was the result. The use of the bandage proved very beneficial, when Bry. was given in the first case, as I have seen it do in several patients suffering from serious choroïditis. Confinement in a dark room is an important feature in the treatment of severe cases.

PULSATILLA AND TELLURIUM IN DISEASES OF THE EAR.

BY HENRY C. HOUGHTON, M.D.

PULSATILLA holds the foremost place among the remedies for otitis media occurring in children, and very properly; but, I fear that on account of the success attending its use, it is often prescribed without a thought as to the reason why success has thus followed. If a remedy be prescribed for a name, success

may, perchance, follow. The symptoms of the disease may happen to coincide with those of the drug; so *Pulsatilla* has been given for otitis, and the chances have been favorable.

If a gentle little girl, with light hair and blue eyes, suffers with severe pains in the ear, especially as evening sets in, continuing through the night, with paroxysms of increasing severity, but causing little concern through the day; if later a discharge appears, which is bland, not specially offensive, and consists of mucus and pus; in this case, if *Pulsatilla* be given, success may be assured.

If, however, the case presents in the person of a rough, angular subject, the pain continuing day and night, of a dull, throbbing character, followed by a thin, watery discharge, which excoriates wherever it touches the skin, in such a case *Pulsatilla* will be of no avail, but you may give *Tellurium* with as much confidence as you would *Pulsatilla* in the former supposed case.

The pathological condition which gives rise to the above symptoms, may be a matter of little interest to most. My opinion is, that it is one of a pustular nature, similar to pustular keratitis, induced by cold affecting the middle ear. Under the above remedies the recovery is rapid, and in a few days the last traces of superficial ulcers entirely disappear.

There is this to be said concerning *Tellurium*, it is useful in disease causing extensive tissue changes. In the case of Dr. Dunham, who gave the remedy a "heroic" proving, the membrana tympani is permanently injured, and hearing thereby greatly diminished. *Pulsatilla*, on the contrary, makes no impression in chronic suppuration of the middle ear, beyond relieving symptoms when acute conditions are induced; at least such has been my experience.—*The Homœopathic Times*.

DRUGS THE PRODUCERS OF DISEASES.

BY PROF. HAUSMANN.

(A Lecture delivered at the German Institute of Homœopathy, August 10th, 1875.)

GENTLEMEN: Hahnemann's fundamental idea is: *Drugs are not only the healers, they are also the producers of diseases.* Thoughts may be compared to Minerva, coming at once finished from the head of Jupiter, but to give reality to the thought, takes time and labor; and we may well say with Hesiod: The immortal gods grant to mortal man their gifts

only when richly earned by the sweat of his brow and by hard labor.

We are therefore not astonished that only during the last few years since the death of Hahnemann, we witness the realization of the fundamental ideas of this great naturalist, so that it would be accepted by the scientific world. And this realization was brought about by the steady hard labor of a physician of the old school, by Prof. Traube, of Berlin. It was this great man who first thoroughly mastered the so-called paralytic pneumonia, that peculiar broncho-pneumonia observed already by Valsalva, the preceptor of Morgagni, after division of the *nervi vagi*, and who thus discovered the cause of the disease in a distinct matter in the fluids of the mouth. For nearly two centuries the whole medical world was in error in relation to the real cause of this disease. All possible experiments had been made. Traube showed their falsities, and kept on working till he discovered the real cause of it to be the saliva, which, however, only becomes the cause of this disease because it does not reach the stomach according to the normal physiological process through pharynx and œsophagus, and thus aiding in digesting the food, but as the division of the *vagi* paralyzes the pharynx, œsophagus, and stomach, the saliva is forced to go down by another, non-physiological, road, through the glottis, which stands open after the division of the *vagi*, into the trachea and bronchi, and produces there a peculiar broncho-pneumonia, which then runs its regular course, *i. e.*, a regular succession of morbid phenomena, not only of the physiological but also of the pathologico-anatomical morbid phenomena belonging to this process. The course of this disease in each and every stage can now be measured by hours, as Traube has shown us. With our present physiological *adjvantia* we can at any time make the experiment before our students of producing this disease from the saliva passing into the respiratory organs. At any stage we can plunge the stiletto into the neck of the animal, and it dies immediately. We make our dissection, examine the bronchi, and find not only the induction of the morbid process, but also how far it has progressed. We find the stage which we predicted through exact physical examination. Every one present may convince himself of the truth that an artificial morbid process runs its course, which was voluntarily produced by our action. We have thus a fact before us which none can deny; and Hahnemann's fundamental idea, "drugs are not only healers but also

producers of disease," may be considered a reality, which must lead to a system of medicine founded on physical science, and which when once firmly established will stand for all eternity. The building up of such a system requires the greatest care, the most stupendous endurance, and the most conscientious zeal. It may take generations, yea secula for it, and where any physician succeeds to put a disease on such a firm basis, according to this fundamental idea of Hahnemann, he may be sure that such a successful labor will lead his name to immortality in the history of medicine.

It was this very idea which led me to establish my laboratory for the artificial production of morbid processes, and we request for it the kind favor of every homœopathic physician; for only thus a great and successful issue is possible for the full development of homœopathy.

We all know that even the physiological school discards now the old names of diseases; that ancient ideas fail to give satisfaction, nor do they suffice for the experimental studies which everywhere are pushed forward to bring light into the dark recesses of the old ideas of morbid processes. Nowadays the expression "morbid process" signifies that every diseased condition may be thus characterized, that in order to deserve the name "disease," not only all physiological but also all pathologico-anatomical manifestations must follow one another in a certain legitimate succession; for process means a steady, legitimate succession of manifestations, remaining always the same, be they physiological or pathologico-anatomical.

Thus far the more progressive non-homœopathic physicians have already come and are affected by it; and homœopathic physicians who, following the example of Hahnemann, discard all names of diseases, begin again to make a diagnosis, but in the sense that they acknowledge only that condition as a disease where the course is marked by a regular succession of phenomena.

But even this does not suffice, for the arbitrariness of man is without limit, and might rule under the pretext:—a certain process, a certain legitimate succession of manifestations. There were always authorities enough who considered their dictum sovereign, and explained the law according to their own notions. But in physical science only that can be considered a law which remains forever the same. How such a process must be studied out, Traube shows us when he determines a certain thing as the course of the process. In other words, certain

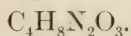
substances determine how many morbid processes are present in nature, and according to which laws they must run their course. This very fundamental idea made Hahnemann the great reformator in medicine, for he promulgated this point and introduced drug-provings, and required of his disciples that every substance used for healing the sick must be at first proved for disease-making, or according to our vocabulary, must be proved for the morbid process which it produces.

Thus we are one step farther advanced than our non-homœopathic colleagues. By holding firmly and stolidly to the fundamental ideas of Hahnemann, we have already reached that point where to us every morbid process is not only a morbid process but a history of evolution from its very start; and thus we have gained that point on which Darwin stands, as the head of physical scientists, to decide everything in nature by studying out its history of evolutions.

Nulla dies sine linea. Let us continue to work in the spirit of Hahnemann; let us put into reality the fundamental ideas of our great master, in order that all seekers after truth may see what homœopathic physicians accomplish day by day; and the time will come when all diverse substances will be specified not only according to their specific weight, not only according to their crystallization, nor according to their chemical reaction, nor according to their atomic weight, nor according to the differences of the atomistic concatenation of the molecules, physically of equal value, but, with the same acumen, also according to the peculiar morbid process which every substance may produce on the healthy living organism.

But we must never forget that the certain morbid process can only originate with the condition, when that certain substance, its cause, reaches in the human or animal body such points where it does not belong to during health, which it only reaches *per nefas*,—by the barbarousness of man or from an unlucky accident.

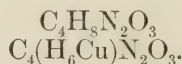
To show you how deeply this fundamental condition of every morbid process penetrates the exchange in our tissues during digestion of our food, I put on the blackboard the formula



This is the formula of Asparagin, a substance know to you all. Physical experimentation shows that Asparagin is one of the regular products of change of all albuminous bodies, that it forms itself regularly during digestion in the small intestines.

Of late years we experimented in my laboratory with Cu-

prum metallicum, but our labors are not advanced far enough for publication. But this much I may say: We became convinced that it does not suffice for the production of artificial diseases in a healthy organism to throw substances into it helter-skelter, but that these substances necessarily reach places where they do not belong to, in order to become starting-points of a certain disease.



You see that the second formula differs only from the first inasmuch as one atom, Cuprum metallicum, comes in the place of two atoms of Hydrogen. The constituent in Asparagin called Hydrogen does not become of more or less value. We have here also eight one-atomic values, for Cuprum always shows itself of double atomic value.

We find then that during digestion, in the place of two atoms of Hydrogen, other double-value bodies, never Cuprum metallicum, enter into the composition of Asparagin. Cuprum metallicum becomes therefore, as it does not belong to that place, a starting-point for a certain morbid process. It is well known that Asparagin is absorbed in the small intestines, especially in the beginning of the widely-extended chylöpöetic system. Experiments on rabbits show that when they receive Cuprum metallicum, painful manifestations appear in the course of a week, and that they finally, with the head turned to the ground, turn somersets, lie on their back on account of peritonitis, *a process of exulution in the abdominal cavity*. My record reads: In the abdominal cavity a few ounces serum with fibrinous flakes, most copiously accumulated in the pelvic cavity. The peritoneum moderately injected, dull, here and there covered with thin, loose, grayish-yellow membranes, or with transparent fibrinous coagula, hanging on threads, which are the size of coffee-beans. Our experiment carries us back to the time when Cuprum metallicum was first proved, and we understand now how George Schmid could draw the conclusion from the symptoms produced by Cuprum, that this drug is specific to the acute exanthemata showing exudative processes.

My time is up; most cordially do I invite you to visit me and my laboratory at Pesth. Examine with your own eyes, and with the greatest exactitude, the morbid processes which we try to induce day by day, and convince me in such manner that the profession takes interest in the labors to which I devote all my energies.—A. H. Z., 91, 13, 1875.

MECHANICAL DISORDERS OF THE CERVIX UTERI.

BY J. C. MORGAN, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1875.)

FIRST, I will name *contraction*. This will usually be found at the internal os; it is sometimes found the cause of dysmenorrhœa, and even after this has been relieved, continues the occasion of sterility. In the latter case, mechanical means are both proper and speedily effective.

A sea-tangle tent is to be introduced through a speculum, completely through the internal os; then apply a wad of raw cotton, soaked with glycerin, which may be diluted if not tolerated of full strength; after this, dry cotton; then the menstrual napkin, to receive the inevitable serous discharge. Let the patient lie abed until next day; then, with the speculum, remove and reapply the dressing.

This is applied two days before the menses, the second dressing one day.

After treatment for two successive months, or sooner, using medicines as needed, the patient will probably be found pregnant. Care must be taken not to interfere if pregnancy occur after the first treatment. There would seem to be a connection between contracted os and the second of these disorders to be mentioned, viz., *conical cervix* or *elongated os*.

This I attribute to the universal practice of sustaining the clothing, with or without corsets, but especially *with* them, on the epigastrium. The effect is a *uterine paraphymosis* (if the uterus be firm enough to maintain its normal form); in other words, it is protruded through its vaginal mucous envelope, in the same fashion with the glans penis within the prepuce in that affection. Hence contraction of the inner os as a coincident malady.

Think of the common surgical remedy for this,—amputation of the cervix! Why not amputate the glans? The one is as sensible as the other.

Resulting from the same fashionable dressing and its usual concomitants, is another common disorder in the mechanism of the cervix, viz., *ante flexion*.

No case of dysmenorrhœa is fully diagnosed without a certain knowledge of its presence or absence. The same may be said of its opposite, to be mentioned directly.

A uterus unable from congestive softening, inflammatory heaviness of the ovaries, one or both, the softening mainly posterior; these, with the superincumbent pressure of cloth-

ing and bowels, and, through the corset-bones, the weight of the upper half of the trunk in indolent rest thereon; these being present, the thing is done.

Shall we slit the os and the convex interior of the wall of the cervix? Nay! but mercilessly sacrifice the woman-killing paraphernalia; get up her muscularity by every means; cure inflammatory softening, and temporarily support with the glycerin wad, applied every second day.

Retroflexion is the same thing with a difference. Given the same conditions as before, only that the inflammatory softening is anterior instead of posterior, and we have this as the result. Without any *uterine* softening, versions, not flexions, take place; lateral version being the effect of one-sided ligamental softening; softening of both ligaments causing median version. Both are often combined.

The cure of retroflexion is the same as that of antelexion, only the wad must go behind the os, for retroflexion versions require like adjustments.

The Boston Reform Suit, or its equivalent, is a great desideratum in the cure in all such complaints.

Lach., Stram., Nux vom. for left-sided pains; Sulph., Ferr., Apis., Æsculus for the right.

Sacro-lumbar, Sepia, Æsculus; hypogastric, Cimicif., Nux vom., Bry., Sepia, Sulph., Acon., Verat. virid.

INFLUENCE OF THE MIND ON THE FŒTUS.

BY CHARLES A. STEVENS, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1875.)

MRS. B. was eight months gone with her first child. She is a woman of more than ordinary intelligence, and of perfect development and good health. She had suffered less than usual in child-bearing, having complained of no inconvenience up to this period. Her husband went on a business trip to Providence, Rhode Island. The day after he left home there was a terrible accident to one of the Sound steamers, by which a number of passengers were lost. Seeing an account of the accident in the papers, she became very much agitated, supposing her husband was on board, and that he possibly was among the lost. In her sleep that night she dreamed that she saw him dashed upon the rocks. This so agitated her that it brought on labor, and she was delivered of a per-

fectly formed and healthy looking child. The child was still-born, all motion having ceased from the time of the dream. The top of the head of the child looked as though stove in by a violent blow upon it, and as if it had fallen upon the rocks, as she thought she saw her husband in her dream. It proved that her husband was not on the boat, but returned safe home to be present with her in her labor. She made a good recovery, and is now the mother of three as fine children as any mother can boast.

CONSTITUTIONS AND CONSTITUTIONAL TREATMENT.

BY W. H. BIGLER, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1875.)

MAN is no sooner born than he begins to die; the seeds of death are in him, and the same forces that result in life, ultimately, by their want of absolute harmony, result in death and dissolution. This mortality lies at the basis of all disease. There is no such thing as absolute health. Were such a thing possible, disease would be rendered impossible, for it is only in the general predisposition to disease, common to all mankind, that morbid influences from without can find a basis on which and a soil in which they can develop into disease.

In thus developing they are modified in regard to form, duration and intensity by the special predisposition to disease peculiar to the individual system in which they have taken root. This special predisposition, which we call *constitution* or *diathesis*, may be either hereditary or acquired, and modifies not only the manner in which morbid influences from without manifest their action, but also the signs by which the general predisposition to disease indicates its presence.

The great importance of having due regard to this prime factor in the production of disease in our treatment of it must be apparent to all.

From the earliest efforts to systematize the science of medicine, reference has been made to various constitutions. Hahnemann, too, had his Psoric, Sycotic, and Syphilitic as the basis of all chronic diseases; and Grauvogl his Hydrogenoid, Oxygenoid, and Carbonitrogenoid.

While fully appreciating the advantages of these divisions of the almost infinitely varied shades of individual constitu-

tions, we would wish to suggest the possibility of increasing the number of recognized types, thereby lessening the number of therapeutic agents applicable to each, and of marking them rather by objective signs than by subjective symptoms (which is too much the case in Grauvogl's division), thus lessening the liabilities to mistake.

The peculiarities of the skin would, I think, afford the best basis of classification, and with these we would find in most instances those of its so-called appendages to agree.

In entering upon the task of classification according to objective signs, the physician would be obliged constantly to observe closely every peculiarity in the external appearance of his patients. He would first note the skin, its color, texture, and moisture; whether marked with freckles, moles, or warts; whether liable to be affected by temperature or moisture, and whether subject to any disease. He would examine the hair, not only of the scalp, but also of the eyebrows and eyelashes, as to color, quantity, and quality. The peculiarities of shape and texture in the finger-nails would not escape his careful attention. In the teeth, their shape, regularity, and color, whether dead white or a pearly blue-white, he would find valuable hints for a diagnosis of constitution. The general appearance of the eyes, whether sunken, or prominent (as in heart disease), their color and lustre, would also not be neglected. In short, all the objective signs which mark the individual would be noted by him.

That all this has been done in certain cases we grant. We know for example how a Calc. carb. child looks; how a Puls. patient acts; how a Sulph. one walks; we have heard of the old warts of Caust., and the yellow nose-saddle of Sepia, and many more instances of the very kind of observations to which we have had reference; but the subject has never met with that persistent and systematized study that its importance demands. Not only in the treatment of disease should these things be noted, but equally important is it to know them in the persons of those who prove our drugs.

By a comparison of many such observations of objective signs with the various prevailing forms of disturbance of health, a degree of certainty would be arrived at of which we cannot at present boast. If a Prof. Hawkins can construct a gigantic prehistoric monster out of a few fossil bones, why should not the skilful physician eventually be able, from the first glance at a present patient, or even from the lock of hair of an absent one, to decide upon the constitution of the individual, the

probable character of his complaint, and his constitutional remedy? Many claim to have been able to do this, and without lending too credulous an ear to the pretensions of quacks, we cannot deny the possibility of such claims being in some cases well founded.

The constitutional treatment of a chronic case can alone be regarded as the thorough and scientific one, and even in acute cases of any severity it will often have to supplement the symptomatic one. From the constitution of the individual we can often be led to that of the family to which he belongs, and with the family constitutional remedy greater results can frequently be obtained than with any other, however carefully selected drug.

Of course it would be impossible for a single physician to make observations sufficiently numerous and varied to build thereon a classification of constitutions with their marks and peculiarities; it must be the work of many working together. Let each one, therefore, in recording a case, note as many as possible of the points to which attention has been drawn above, and in time enough data will have been collected upon which to generalize.

CASES CONFIRMING SYMPTOMS.

BY E. A. FARRINGTON, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1875.)

Mrs. ——— complained of *weakness of the lower limbs from the knees down; legs give under her when she walks*; at times cannot walk at all. I could find no exciting cause. Gave *Natrum phosphoric.* 10^m, four doses, dry, three hours apart; cured. This case confirms symptoms 172, 174 of provings. The patient had been sick three months.

Mrs. ———, after her last confinement in December, 1874, complained of intense soreness in the left inguinal region. Hamamelis *o* externally, and the 30th internally. Relief only temporary. When she began to menstruate, which happened when her child was four months old, her suffering was extreme. The ovarian region was swollen; pains burning as from fire; agony; restlessness; numbness of the left limb; cold sweat; fainting. *Arsenic* 2^o in water, every half hour, seemed to relieve. During the succeeding month, an examination was permitted. Left ovary was found enlarged, rising above the bones, and laterally pushing the vaginal wall in to-

wards the median line, and pressing the os firmly against the right side of the vagina. The tumor was extremely sensitive. It seemed to be about the size of a baby's head. *Sepia 2°* was given twice weekly for the following symptoms: Irritable temper; at times indifferent to her household; headache every few days over the left eye, with intolerance of light or noise; sallow complexion; gone feeling at the stomach; dragging pains, heaviness in the abdomen; better sitting. Feeling in the rectum as if for stool, yet none passed; smarting, cutting during urination. The next period was ushered in with even worse distress. The bladder became involved, and with the burning ovarian pains there was frequent urging to urinate, with tenesmus and burning; urine passed in drops. *Canth.* 30 relieved, and the menstrual flow became established. Some emotional excitement, however, stopped it on the second day, and the following symptoms resulted:

Bearing down in the uterine region, worse walking, better holding up the abdomen with the hands; tenderness over the swollen left ovary; stinging, burning pains from ovary up into the abdomen and down the thigh; shooting pains from left ovary across to the pubes; urine causes a smarting sensation. Digital examination determined a prolapsed and sensitive uterus. Lilium tig. 30, twice daily. In three weeks ovarian swelling entirely disappeared. Has since menstruated with very little pain. On two or three occasions, when the pains returned severely, the Lilium effectually removed them.

PECULIAR METHOD OF TREATING THE INSANE.

BY C. S. MIDDLETON, M.D.

(Read before the Hahnemann Club of Philadelphia.)

AN article published in the *Pall Mall Gazette* recently, and republished in the *Philadelphia Ledger*, gives quite an interesting account of the manner in which the insane are treated (morally) at Gheel, Belgium.

Gheel contains about 11,000 inhabitants, and it is with these that the patients reside.

When the patients are first taken to the asylum, they are kept there sufficiently long for observation, but with few exceptions they are soon placed with a family to reside.

"The lunatics number about 1300 of both sexes. The com-

munity is divided into four sections. At the head of each is placed a medical man and an overseer."

The whole community seem to be engaged in watching the patients, but without any of the irritating results attending, where a lunatic knows some *one* is constantly his keeper.

"A family at Gheel is not considered respectable if lunatics are not intrusted to it, and the withdrawal of them from its care constitutes a heavy punishment." Consequently every one tries to merit a portion of the patronage by dealing fairly and carefully with the patients intrusted to them.

When a couple marry, they ask of the authorities the privilege of having a patient under their care, to assist them to start in life, and we suppose to secure a standing in society.

"The children of the inhabitants, living from their earliest childhood with lunatics, become attached to them, do not find anything ridiculous in them, learn how they are to be treated, exercise through their company a very soothing influence on them, and are of course, not in the least afraid of them." Of course, when a patient becomes violent he is taken to the asylum again, and the deprivation of liberty is often accepted as punishment sufficiently severe.

"The number of cures averages sixty-five to seventy-five out of a hundred," but when we take into consideration the fact that "patients with radically immoral or highly dangerous tendencies cannot be kept at Gheel, the central asylum being only a depot," and that the number under restraint or coercion averages but 12 out of the 1300, we are led to the conclusion that the large percentage of cures is in a measure owing to the fact that many of the cases must be of a mild character; although cases of acute insanity are often more promising of cure than those of an undecided nature.

Altogether this method of treating lunatics is a novelty to us, and it is stated that at no other place is this course pursued. There are no doubt many advantages connected with such a system; one great object, at least, is accomplished, viz., that a patient enjoys his liberty to all intents and purposes, and yet he is under a constant surveillance, which is stripped of its obnoxious associations by the fact that those whose duty it is to watch and to take care of him are his associates and companions; he is thereby entertained, employed, or amused, and at the same time restrained, without coercion.

DIABETES.

BY M. M. WALKER, M.D.

(Read before the Hahnemann Club of Philadelphia.)

THE term diabetes is applied to a disordered condition of the system in which there is a persistent immoderate increase in the flow of urine, which contains sugar. Nervous and hysterical persons pass an unusual amount of watery urine at times, but this does not constitute diabetes. The disease is generally considered fatal, some cases lasting but a few months, while others linger for as much as several years.

We have two forms of the disease, called *diabetes insipidus* and *diabetes mellitus*. The first named is not true diabetes, but a diuresis or immoderate flow of watery urine not containing sugar. The amount which a patient may pass in twenty-four hours is sometimes enormous. A healthy person will pass from one to four pints in that time, while a diabetic patient will void thirteen or fourteen pints as a common thing. Watson, in his *Practice*, mentions the voiding of twenty-six pints; other writers of veracity have noticed seventy; while an Italian author declares that two hundred pints have been discharged in a day. The saccharine matter held in solution may be crystallized by keeping the bottle in a steam-bath till half evaporated, then allowed to stand ten days or more in shallow plates, when the crystals will be formed. Patients have noticed the white crystals form on their dark under-clothing where the urine has accidentally fallen.

The product of sugar in the human body is a very singular phenomenon; it is not a constituent of healthy urine, and is found in a diseased condition of man only. The specific gravity of healthy urine is between 1015 and 1025; that of distilled water being 1000, while the specific gravity of diabetic urine varies from 1020 to 1050.

The patients suffering with this malady have intense thirst, great appetite, are emaciated, constipated, peevish, restless at night, have a dry, harsh skin, are debilitated, chilly, and have a tendency to boils and carbuncles.

Those who drag out a long existence usually die worn out and dropsical, or of superadded phthisis, and for some days or even weeks before death sugar disappears from the urine.

There is also an intermitting form of this disease found in intermittent fever during the paroxysms, which vanishes during the intervals.

It generally creeps on insidiously, yet sometimes breaks out suddenly, runs a short course, and, Watson says, uncontrolled by any treatment. It more commonly proves fatal by the mischief it produces by debilitating the system. It is often associated in its progress with pulmonary disease, especially tubercular phthisis, although this is not always so. Sometimes the patient is cut off suddenly by dropsy. Dr. Prout says it usually follows cutaneous complaints, or precedes those which involve the areolar tissue. Persons have been known to lose chronic eruptions by the appearance of diabetes. Pathology throws little light on the subject. There is a purplish-red color of the kidneys, which are veined and vascular, but not otherwise altered in structure. Hypertrophy and unnatural vascularity are circumstances one might consistently look for, when we think what an amount of labor they have to perform, and may be the consequence rather than the cause of the morbid flow of urine.

Mr. McGregor, of Glasgow, detected the presence of sugar in the serum of the blood of diabetic patients. The serum had a milky appearance, he says, and the specific gravity was above the healthy standard. Having coagulated the serum by heat, he dried it; then cut the dried mass into very small pieces and boiled them in distilled water; then he evaporated the decoction to a certain point, added a little yeast, and the presence of sugar was detected by the fermentation that ensued. Applying, after due preparation, the test of yeast, he found the vomited matters fermented strongly. Yeast has been given to patients in small quantities, but had to be discontinued from the patients feeling as if they "were on the eve of being blown up."

The cause of diabetes is not fully known; mental anxiety, poor food, intemperance, and excessive labor, and hereditary predisposition have all been found to promote it.

Old school authorities advise the patient to live on non-saccharine or animal food, excluding the whole vegetable kingdom. Prof. Oppolzer, of Vienna, chalks upon the black-board of his patients the following bill of fare:

Chicken,	Beef,	Milk,	Cold Wine,
Gravy,	Ham,	Eggs,	Bread,

and keeps them upon it; yet notwithstanding sugar does not enter the system as food, it is eliminated from it. Watson says spinach, cabbage, celery, and the like may be taken with less risk of increasing the saccharine matters in the system

than potatoes and other articles containing starch, sugar, or gum. He forbids all kinds of fruit.

He recommends toasted bread or stale bread. They should eat slowly, and limit themselves in water to quench thirst, taking it warm rather than cold. As a dietetic remedy the following has been recommended by another writer:

German cider,	2	tablespoonfuls.
Sweet milk,	2	"
Water,	2	"
Cider vinegar,	8	drops.

Mix, and take half an hour before each meal.

Diabetes is generally found in adults beyond middle life, but is often found in children. Watson mentions a little girl eight years old passing three pints to two quarts of urine daily, with a specific gravity of 1040. She revived under one minim of creasote three times a day, so that her urine became of the normal quantity and density of 1030. She, after a time, suddenly sank under an obscure disease of the chest. Two brothers of this little girl also had diabetes.

When the urine began to decrease in the little girl's case, the lithates were more freely deposited. Dr. Prout considered this a return to health, and dates the attack of diabetes to the time the lithates began to diminish from the urine.

Watson accounts for the great amount of water a patient passes as coming from being absorbed through the lungs and skin. A boy affected with diuresis passed nine or ten pints of yellow watery urine, with a specific gravity of 1002. His drink was restricted to one and a half pints in twenty-four hours. He was weighed immediately after he had voided urine, and found to weigh fifty pounds, three drachms. In three hours he was weighed again, and found to weigh fifty-one pounds two drachms; then he passed sixteen ounces of urine, and weighed fifty pounds three drachms as before, so he must have imbibed one pound of water in that time. He lived two years after, continuing to void large quantities of water.

Post-mortem revealed scrofulous tubercles in the brain and lungs. Kidneys were gorged with venous blood. Organs of digestion apparently sound.

Dr. J. F. Meigs thinks this disease is seated in the fourth ventricle of the brain, and is produced by some irritation there. If the pneumogastric nerve in an animal is cut, and the upper part irritated, sugar will appear in the urine; but if the lower part is irritated, no sugar appears.

In 1866, while in Illinois, a man called to see me, stating that he passed a bucketful of urine every night for three months. It had a sweetish odor; was watery in appearance. He took in four weeks, while under treatment, six doses of Phos. ac. 200, and reported himself cured. There was no return for four months, after which time I never heard from him.

I did not test the urine in this case, but suppose it was diabetic.

April 2d, 1875. Rachel B., a mulatto woman, fifty years old, a child's nurse, placed herself under my treatment for indigestion, constipation, weight upon her chest, and general weakness. She told me her case had been pronounced diabetes by two old school practitioners, who told her she must take good care of herself, and live as long as she could. One of them had treated her three years, during which time she had lost a great deal of flesh, and was getting weaker every day. The other physician treated her only a few months, recommending her to make cakes of a patent flour, upon which she said she was starving. She passed seven or eight quarts of urine every twenty-four hours, having a specific gravity of 1028. After fermenting over night with yeast, it would show a density of 1008.

Under Moore's test, by boiling it with an equal part of liquor potassa, it became very dark brown and opaque, which, according to Vogel, would indicate over ten grains of sugar to the ounce. If to this a little nitric acid was added, the brown color would disappear, and the odor of burnt molasses become very decided.

The copper test of Trommer was also tried, when the blue color appeared, after which a yellowish precipitate, gradually turning a dark-brown, adhered to the test-tube. I considered these tests sufficient to show about ten grains to the ounce of urine.

This woman is the youngest of fifteen children; her mother lived to be eighty-four. Thirteen of her brothers and sisters died of consumption, between the ages of twenty and thirty, all having lived to grow up except one boy, who was drowned. She has lived the longest of any of her brothers and sisters. Has always had an easy life; was married several years; never had any children; is now a widow.

April 2d. According to indications arising from derangements of the digestive organs, I gave twelve powders of Nux

v. 200. This relieved her very much, but did not affect the urinary difficulty.

April 8th. Gave twelve powders *Ac. phos. 3m*, to be taken morning, noon, and night. She steadily began to improve, so that by April 24th, the volume of urine did not exceed one-half what it had been, with about nine grains of sugar to the ounce, and specific gravity about the same, 1028. She took no more medicine till May 27th. I tested the urine every week, and found a gradual reduction in the quantity, specific gravity, and color, upon boiling with liquor potassa.

I then gave three powders more of *Ac. phos. 3m*. She improved till June 17th, when indigestion again troubled her, and three doses of *Carb. veg. 200* were administered.

On July 9th I tested urine; found the specific gravity about 1018, and by Moore's test, scarcely a trace of sugar.

July 23d. Rheumatic symptoms prevailing, gave *Rhus 17c*.

August 13th. Indigestion occurred, when *Nux v. 200*, three doses, were given.

September 7th. *Carb. veg. 200* was administered, and September 28th, for nervousness and sleeplessness at night, *Coffea 5m* was given.

October 4th. Complains of a great deal of pain under left shoulder, and around left side. *Chenop. 30*, twelve doses.

She was a very handsome woman, very stout, till the diabetes set in, since which time she is much reduced in flesh, weighing probably one hundred and twenty pounds. The last two months she has gained some flesh, although the disease still exists.

She now passes about a pint of urine a day, specific gravity 1015; after fermentation with yeast, 1002. Upon boiling with an equal quantity of liquor potassa, the liquid becomes a canary yellow, showing the presence of one or two grains to the ounce, and upon evaporating an ounce, I obtained about one and a quarter grains, which under the microscope showed the crystallization of sugar. I prescribe for her about once in two weeks for rheumatic pains or indigestion. She has never had a carbuncle or boil.

When she came under my treatment, I ordered her a nutritious diet of all vegetables except potatoes; these she did not like. Her appetite being good, she ate plentifully of whatever was upon the table, especially fruit, and being a favorite in the family, on account of her attention to two young children, she had all the luxuries as well as necessities of life.

For two years lenticular cataract has been forming in both eyes. Her sight is a good deal impaired, though it is better now than three months ago. She can thread a needle very easily.

A vivisectionist has shown that a small quantity of sugar introduced into the circulation of a frog produces cataract. Has diabetes anything to do with her cataract?

DISADVANTAGES OF THE IODINE TREATMENT OF STRUMA.

BY DR. G. DEININGER.

[Translated, with Notes, by S. Lilienthal, M.D.]

CASE 1. Kate, 17 years old, a healthy, stout country girl, requested the removal of a pretty good-sized struma. Her father also had one. I prescribed *Rj. Kali jod., 6.0; Jod. pur., 0.25; Aqua menth. p., 45.0, S. twice a day 25 drops.* This ordination was repeated twice without my knowledge, and about six weeks afterwards I was again called to my patient, who had not left her bed for several weeks. Status præsens: Patient is enormously emaciated; skin and visible mucous membrane extremely pale; cold sweat bedews the body. The struma is decidedly smaller. Action of the heart increased; pulse greatly accelerated, filiform, can hardly be counted; respiratory organs intact; slight œdema pedum; urine free from albumen; digestion somewhat disturbed, inasmuch as the girl, though having no appetite, still wishes continually to eat, else she suffers after a short time from an excessively painful sensation of goneness in the stomach; sometimes vomiting without cause; costiveness; menstruation stopped; tremor over the whole body; great restlessness and sleeplessness. Her chief complaints are great debility, oppression of the chest, præcordial pressure, palpitation. Roborantia alternately with tinct. Digit., failed to relieve her immediately, and it took a whole year till our patient could be considered on a fair way to recovery.

Case 2. F., 36 years old, cook, had a struma for the last five years which annoys her. Ordination the same. After seven weeks I was called to her, but hardly recognized her. She had taken three bottles of the medicine, and the goitre was nearly gone, but for several weeks she observed a rapid decrease of strength, with strong palpitations, pressure in epigastrium, sleeplessness, tremors in hands and feet, head-

ache, repeated vomiting, great irritability, and excessive night-sweats. The patient was greatly emaciated, very pale, her hands trembled, and even the speech had something uncertain and trembling. Impulse of the heart enormously increased and accelerated, sounds clear; pulse 148, small; slight œdema round the ankles; stoppage of menstruation. It took six months' treatment to bring the woman back to her former strength.

Case 3. Christine, 64 years old, had a goitre for the last ten years, and received the same prescription. After taking about three-quarters of the bottle in eighteen days the goitre was nearly gone, but the woman felt very weak, became emaciated, suffered from continual strong palpitations, headache, either clavus or migraine, and vertigo, so that she fell down several times. She had to eat every hour in the day in order to escape the sensation of emptiness of the stomach, although she always felt more uncomfortable after eating. Seven weeks after beginning to take the Iodine I found her in the following state: Face very pale; skin everywhere, especially on the face, flabby and sunken; emaciation; tongue trembling; epigastrium pushed outward and sensitive to pressure; pulse 136, intermittent, irregular; visible veins everywhere strongly dilated; impulse of the heart at its normal place greatly increased and raising up the ribs. Percussion shows normal size of the dulness, and auscultation two very loud clear sounds; respiratory organs intact; urine free from albumen, diminished in quantity. Quinine and Digitalis failed to give relief; in fact all her symptoms increased for the next two months, especially the constant vomiting troubled her much. A most remarkable symptom during the course of the disease was the constantly changing overfilling of the vascular system, and its influence on the state of the patient. At one time the veins of the neck, arms, hands, and thighs were empty; at other times full to overflowing, the jugular veins bulging out and undulating. In the former case the patient felt better, passed a good day; whereas the fulness of the veins was always accompanied by headache, vomiting, dyspnoea, restlessness, bloatedness of the abdomen, sleeplessness, and trembling. The same change could also be observed in the arterial system, where fulness and increased temperature went hand in hand. The same alternation must have taken place in the internal organs, inasmuch as the urinary secretion was also alternating in quantity, dependent on the fulness or emptiness of the art. ren. afferentia.

Six months she was already suffering without any amelioration, and the dilatation of the heart was steadily increasing. With the appearance of spring and during the summer she gradually improved, and the action of the heart became more normal, but although three years have passed, she still complains of frequent migraine, reminding her of her old sufferings.

The question now arises, is Iodine the disease-producing agent? which may be doubted, as the picture of poisoning by Iodine totally differs, and the small quantity given could never produce such severe alterations in the state of health. Or is the hypothesis of Lebert and Ræser true, that the resorption of the goitre, as something heterogeneous to the blood, acts inimically on the organism, and produces such deep disturbances of nutrition and of the nervous system? But, on the contrary, the resorption of even large goitres has frequently taken place, especially in young persons, and no secondary disease showed itself. It may be that young people offer more resistance to the absorbed matter, and pass through the process without injury, or we might suppose that in young persons the neoplasma is still normal glandular tissue; whereas, in old persons, or in old goitres, the normal and newly formed glandular elements are filled with colloid masses, and thus brought into the circulation act destructively on the organism.

In eighty-four strumas which I treated, I witnessed six times such a complex of symptoms, clearly showing (1), a *deep disturbance of nutrition and blood-making*; (2), *peculiar disturbances of the nervous system*. All observers mention as the first symptom *rapid emaciation and decrease in the quantity of blood* (paleness of the skin and of the visible mucous membranes), probably produced by a rapid decrease of the blood-corpuscles. The morbid potency acts similarly to Mercury, which also, given rapidly in large doses, produces a high-graded anæmia, or rather chlorosis. Such an emaciation must be followed by great malaise and sensation of weakness; and with the consequent disturbances of circulation, finally causes a hydræmic state, showing itself either only as œdema pedum, or in more severe cases as general dropsy.

The nervous system is mostly in a state of *erethismus*. The patients are irritable, trembling, sleepless, or the sleep is broken by frightful dreams (reminding one again of the *erethismus mercurialis*). The *headache* (clavus as well as migraine) may find its explanation in the disturbances of the vasomotory sys-

tem. The *epigastric pain, the canine hunger, the vomiting*, independent of any food, and sometimes even present with good digestive powers, show an irritation of the vagus or sympatheticus. The same cause produces the *increased activity of the heart and the enormously increased frequency of the pulse*. Palpitations always were one of the first symptoms of which the patient complained. Only a deep disturbance in the innervation of the vasomotory nervous apparatus explains the constantly *alternating changes in the veins and arteries*.—Bayer, *Ärzt. Int. Blatt*, Nov. 26th, 1875.

How easily it would have been for Dr. Deininger to convince himself that in persons sensitive to the action of drugs, Iodine has produced the whole complex of symptoms so well described in the foregoing cases, and as he found the picture of Iodine poisoning from large doses different, may it convince him of the great truth, now acknowledged by all physiologists,—*die milde macht ist gross*.

Let us open Hahnemann's *Chronic Diseases*, IV, where we find Iodine the first drug given, and we read among its symptoms: despondency, alternate disposition to weep and to be cheerful; excessive nervous irritation; obtusion of the head; vertigo, with weakness; congestion of blood to the head; obscuration of sight; hard hearing; pale, contracted face; yellow complexion; bad taste in the mouth; gnawing hunger; canine hunger; anguish, unless he eats every three or four hours, but he must take care not to eat too much; very weak digestion; nausea, vomiting; fulness and distension of the stomach, with trembling and increased warmth in the abdominal cavity; scanty or increased micturition; delaying menses, great weakness during the menses; oppressed breathing; palpitation of the heart, which might have been heard at the distance of a few paces; subsultus tendinum in the arms and feet; erratic pains in the joints, trembling of the limbs; complete prostration of strength; general emaciation; cedema and dropsical swellings; restless sleep with anxious dreams; sleeplessness; increase of animal heat; acceleration of the pulse; night-sweats.

We refer our readers to the excellent article on Iodium in Hughes's *Pharmacodynamics*, 319. The explanation of all the symptoms of this drug are here given with a clearness which rouses the wish in our heart that such a work might be in the

hands of every allopathic or eclectic physician; for it would be a shame to any homœopathic physician, if his old edition is not in tatters from continued use. We look forward with pleasure to the appearance of the third edition, and we can guarantee its erudite author a hearty welcome from the profession.

S. L.

CORRESPONDENCE.

HOMŒOPATHY IN NEW YORK CITY.

DEAR HAHNEMANNIAN: Do you know what it is to have an elephant on your hands? If you are still in blissful ignorance about it, come to New York and we will show you one in the shape of the "Homœopathic Hospital at Ward's Island." Our list of patients consist at this date (Nov. 1st) of about one hundred lunatics, most of them in a state of incurable dementia, and of seventy-four patients so far sent to us by the superintendent of the poor, more than half suffering from advanced phthisis pulmonalis or morbus Brightii; the other half intermittent fevers, chronic ulcers on the legs, and, as surgical cases, aneurisms and such like tough cases. We do not complain about it, but if our death-rate should be abnormally high, it can be easily explained by the quality of the cases on hand. Commissioner Cox promises us any quantity of cases of pneumonia for the winter, and then I hope and trust homœopathy will come out victorious.

Although one month old, the internal arrangements leave many things yet to be desired; but there is so much red tape between a requisition and getting the article wished for, that I fear it will be sometime next year before our hospital will be in a good shape. If you look at the New York papers, you can see that even our allopathic friends, in spite of their lion's share, complain, and no wonder then that we have still more right to growl at the omissions as well as at the commissions. Really the patients committed to our care are a hard set to cure, and we find it up-hill work to make the impossible possible. Perhaps we ought not to complain; the city is just now extremely healthy, and the commissioners, honorable as they are, cannot make patients to suit our convenience.

All honor to our house-staff! They work like beavers and *con amore*. We hope that this hospital will yet become the practical school for homœopathy, and that from our wards many a good and successful practitioner will go forth to be a

bright ornament of our school. The visiting staff have taken the matter earnestly in hand of making the Ward's Island Hospital a success; and though it takes fully four hours to make a visit to the island, the record-book shows that each and all have attended conscientiously to their duties. The first section, comprising Drs. Minor and Doughty as surgeons, and Drs. Burdick, Belcher, Guernsey, White, Hills, and others, will be relieved, and the second section marches forward to follow in the footsteps of their predecessors. Drs. Helmuth and Thompson will attend to surgery during November and December, and Drs. Bradford, Lilienthal, Paine, Wetmore, Fowler, and Throop to the medical treatment. When our term is over you shall have the next report.

Hahnemann Hospital, corner Fifty-fourth Street and Broadway, is a bijou of a hospital, but with mighty few patients so far. The trustees have seen the error of their ways, and acknowledged the difference between a sanitarium and a hospital. Four or five paying patients and no charity patients were the sum total thus far; but the medical staff insisted on a change, and thus we hope for a more favorable report in our next.

The Ophthalmic Hospital is the apple of our eye, our glory, and—our \$100,000 endowment. Therein lies the secret in a nutshell. Free from debt, with a sufficient income, the staff has everything on hand for a successful practice, and that our poor know the value of this institution, its crowded wards amply testify. The College Dispensary is in the same house, and the large staff of medical officers are constantly kept busy by a multitude of patients seeking relief.

Poor Füllgraff! after working hard for many a year, finally to succumb to the hard times, and close the door of a dispensary where thousands regained their health. It was just the same several years ago with the New York Homœopathic Dispensary, which also closed from want of funds to carry on the institution. The poor people of our city believe in homœopathy and throng our dispensaries, but the where-withal is not to be found so easily, and it cannot be expected that the attending physicians who give their services gratuitously, should also go round begging in order not to be dispossessed of their rooms. Here again the old school is ahead of us, as many of their dispensaries are located on city property, where they only pay a mere nominal rent. Thus we have only three dispensaries in working order, the College, the Western and the Eastern Dispensaries. There is also one at

Harlem, and the last report of that institution was encouraging.

I nearly forgot to mention that we have a hospital for women, a kind of maternité, at the corner of Lexington Avenue and Thirty-seventh Street; and this institution is doing well, although also weighed down by a debt of nearly CM, an awful potency, which needs dilution to make it bearable. As it stands, it produces a constant aggravation, when the time comes round to pay the interest on the debt. Where, oh where, is the man or woman willing to lift that load from the shoulders of the trustees? and echo so far answers—nowhere.

The Women's College hails from the same place, and though the class is small, hardly ever more than twenty-five, still the spirit of its students is most excellent. My observations run now through nearly ten years, and it shows that these women make most excellent homœopathic physicians. They believe in the higher potencies, use only one remedy at a time, and will finally revolutionize even the treatment of female diseases by practically showing that cleanliness and strict individualization suffice in most cases for the eradication of these complaints.

The Twenty-third Street College is now in its full glory, the lecture-rooms crowded by attentive listeners, and the professors eager to do their best for the education of the young men intrusted to their care. May they fully succeed in the hearty wish of every

HOMŒOPATH.

OBITUARY.

DR. J. G. JAHR.

A PARTISAN of homœopathy, a friend and disciple of Hahnemann, an indefatigable worker, a voluminous writer, Jahr, whose name has for many years occupied a position in homœopathy, second only in point of notoriety to that of Hahnemann himself, departed this life at Brussels, on the 11th of July last.

Johann Gottlieb Jahr was born at Neudietendorf, a small town in Saxony, in the year 1800.

His youthful studies were made at a Moravian college, where he so distinguished himself that when his education was complete, he was offered a professorship in the college, which he accepted. This was in 1825.

How he became acquainted with Hahnemann about this time, is not known to us, but it is certain that he was employed by the master to assist him in arranging his pathogeneses. Hahnemann judged that Jahr's utility would be much increased if he had a medical education, so he sent him to the University of Bonn, where Jahr completed his medical studies, and took his degree.

During all the period of his studies, he kept up a lively correspondence with Hahnemann, and helped in the work of the *Materia Medica*.

When he quitted Bonn, he went to Liege to practice; but when Hahnemann left Coethen for Paris, his faithful disciple and useful assistant followed the master to the French metropolis, where he continued until, on the outbreak of the late war in 1870, he was forced to quit Paris and the practice he had acquired there after upwards of thirty years' residence.

He took refuge in the neighboring kingdom of Belgium, going first to Liege, then to Ghent, and finally to Brussels, where he endeavored to obtain practice, and delivered a course of lectures at the homœopathic dispensary. But not having a Belgian diploma, he was prohibited from practicing in Belgium. It is thought that this prohibition, which, in fact, deprived him of his livelihood, weighed so much on his spirits that it accelerated his death, the immediate apparent cause of which was two large carbuncles.

His colleagues in Belgium entered on a subscription to make up for his loss of professional income; but though this relieved his pressing necessities, it was unable to avert the fatal issue of his malady.

The works of Jahr are almost too well known to require us to enumerate them here. His chief work, the *Symptomen Codex and its Abridgments*, which have been translated into every European language, will cause him to be gratefully remembered by all practitioners of homœopathy.

Some of his other writings are also of considerable practical value, such as his treatises on cholera, on cutaneous maladies, on venereal affections, on diseases of the digestion, his *Pharmacopœia*, and his *Forty Years of Practice*. Though not a scientific physician, Jahr was a hard-working compiler and a painstaking practitioner, and his death, though at a ripe age, will be much regretted by all practitioners of homœopathy.—*British Journal of Homœopathy*, October, 1875.

PUBLICATIONS RECEIVED.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA; A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. Edited by TIMOTHY F. ALLEN, A.M., M.D. With contributions from DRs. RICHARD HUGHES, C. HERING, CARROLL DUNHAM, AD. LIPPE, and others. Vol. II. *New York and Philadelphia*: Boericke & Tafel, 1875. Pp. 686.

This volume, which followed so soon and so satisfactorily after the first, has lain upon our table for a long time, awaiting that notice which we were unable to give it in consequence of domestic afflictions. The pages of the volume are exclusively given to the record of the symptoms produced by seventy-four drugs, commencing with *Aurum* and ending with *Carduus marianus*. Among these are a few but little known, and which will probably never be of any real value to the practitioner, while others but little known hitherto, will now be more and more used in practice, in consequence of the development of their pathogeneses by the patient and intelligent labor of Dr. Allen. But after all, the great value of the work lies chiefly in the *development* of the effects of those remedies already well known and largely used, but the pathogeneses of which, as published in the English language, were comparatively meagre.

In no way can the great utility of Dr. Allen's work, and the real value of the *Encyclopedia*, be better exhibited than by making a comparison between the symptoms of one of these well-known remedies—*Bryonia*, for instance—as given in *Jahr's Symptomen Codex* (translated by Hempel) and in the *Encyclopedia of Pure Materia Medica*. *Bryonia* is one of the most valuable and perhaps one of the most frequently prescribed remedies of the Homœopathic Materia Medica (the Allopathic Materia Medica scarcely gives it room). Hardly a day passes over the head of the busy practitioner in which he does not find use for the drug from once to a half dozen times; and were he to be deprived of his precious *Bryonia*, a gap hard to be filled would be at once created. Now turn to the pathogenesis of *Bryonia* as given in the *Symptomen Codex*, and the thirteen pages of symptoms there given will at first sight scarcely seem to warrant this frequent and extended use of the drug. On a careful inspection, however, it will be observed that these symptoms, in addition to their value as isolated indications, serve as it were to suggest groups of pathogenetic effects, and thus to indicate the scope of the remedy. Thus every physician, doubtless, taking himself to task regarding his use of *Bryonia*, will be compelled to confess that his knowledge of its ability to cure certain symptoms and conditions is largely the result of clinical experience in cases where it had been prescribed for symptoms given in *Jahr*. (This is doubtless true of all our remedies,—the observing

practitioner reaching out to perfect the imperfect pathogenesis, his observations to be afterwards confirmed and the pathogenesis to be made complete by subsequent provings.) Let him now turn to the fifty-four closely printed pages of Allen's Bryonia, and read them carefully. There he will find the symptoms he knows of that were not to be found in "Jahr;" there he will find the symptoms he has long regarded as *characteristic* of Bryonia, boldly set forth in thick-faced type, and others of note in italics; there he will find the reason why Bryonia cured such or such a case, or always seemed to act like a charm when such or such symptoms were present, notwithstanding the fact that he could not find them in his English works on *Materia Medica*. Allen has gathered together all the provings of this great medicine, including the valuable Austrian provings, which here appear for the first time in English as given in the day-book of the provers, and hence Bryonia as he there finds it is Bryonia as he knows it, more clearly defined, better known, and with a still greater scope of usefulness than he even supposed it could have. A similar comparison may be made with Belladonna, Aurum, Bromine, and other remedies. Berberis, Cannabis Indica, Borax, Carbolic Acid, Bismuth, Cantharides and Calcarea Carbonica here appear almost like new creations.

In this volume Dr. Allen has been at great care to designate the authorities; and where provings have been made by one person with the crude drug and with dilutions of the same, the different provings have been marked by separate figures. From this volume, also, the editor has excluded all *clinical symptoms*, which is just as it should be in a work of this character and title. This the editor informed us he would do, in a note published in the June number of the *Hahnemannian Monthly*, wherein he stated that "in future no symptoms will be admitted unless they have been obtained by proving the drug." These are improvements over Volume I.

One of Dr. Allen's critics has scolded him not a little for publishing Houat's "provings." Houat's provings may seem absurd or unreliable to this gentleman, but they are not so to others; and we beg to assure him that within a circuit of five miles from our editorial sanctum we could gather such a cloud of witnesses to the truth of very many of the Bufo symptoms as would astonish all skeptics. And pray what right has Dr. Allen to sit in judgment on Houat, and condemn his provings *a priori*? Had he done so, and excluded them entirely, he would, in our opinion, have proved himself to be unfitted to do that great work which he is prosecuting so ably, so faithfully and so conscientiously.

There are, as a matter of course, errors in Volume II as there were in Volume I. In regard to these the editor has taken the proper course. He writes as follows: "A list of errata to Vols. I and II will be published at the end of Vol. III. It is regretted that a *single* error should be found, but even repeated revision fails to make a work of this scope

and magnitude absolutely perfect. The editor now calls upon any one to point out an error or omission, or to criticize a translation, or suggest any item, however small, that would render this work more accurate. Let such notes be communicated to the editor, or published in the journals, in order that we may possess a perfectly reliable foundation for our therapeutics." This has the ring of the true metal, and we trust that our readers and Dr. Allen's readers will respond to his earnest call. This work is destined to be *the* work on *Materia Medica* for many years, the one most consulted (notwithstanding the curious opinion we have read of somewhere, that it would be put on the shelf to be consulted occasionally) and most depended upon. Let us, therefore, have it as perfect as possible.

Material for Vol. III is rapidly gathering, and the publishers are hopeful of bringing it out in a short time. They are still receiving subscriptions for the work, which should be in the hands of every physician.

MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES. By *Edwin M. Hale, M.D.*, etc. Fourth edition, revised and enlarged. *In two volumes.* VOL. I, *SPECIAL SYMPTOMATOLOGY, with new Botanical and Pharmacological Notes*, pp. 672. VOL. II, *SPECIAL THERAPEUTICS, with Illustrative Clinical Cases*, pp. 819. *New York and Philadelphia: Boericke & Tafel.*

The labors of Dr. E. M. Hale in the important department of *Materia Medica*, have met with a fitting recognition and recompense in the large sales of the various editions of his work, to physicians desirous of securing for themselves and their patients the advantages to be derived from an intelligent use of those new medicines that are constantly presenting themselves as means of cure, and as additions to the old armamentarium hitherto used in the crusade against disease and death. Through his efforts, many remedies have been brought into common use, and are now regarded as invaluable and indispensable in practice, that might otherwise have wasted themselves in the hands of a fortunate few; through his precept and example the plants of our country have been brought prominently forward for study and for use in sickness, and their value still further shown by provings; by his painstaking and patient toil, his careful observations, and his intelligence as an author, editor, and compiler, the two splendid volumes now before us are added to our rapidly growing and highly creditable library of *Materia Medica* and *Practical Therapeutics*. And homœopathic physicians the world over do not and will not fail to give him praise and thanks, and recognize in him a prominent member of that limited band of benefactors of the profession and mankind in general, who toil and struggle and burn the midnight oil, and waste their strength that all may know what they know, and read what they have gathered from many sources, often obscure and hard to reach, and brought together into one intelligible whole.

That he has erred, as others have; that his work is faulty, as the works of others are; that he has been guilty of sins both of omission and commission, as is the common practice of most men; that he has thought well of his own opinions and made them prominent, and prided himself on his own experience and told it often, as man is prone to do, no one of his friends, and certainly not himself, will think of denying; but let no one for these reasons withhold from him a full measure of acknowledgment for services rendered.

The fourth edition of our author's work, as above indicated, appears in two volumes, the first of which is devoted to symptomatology, arranged by the author, and new botanical and pharmacological notes, by Dr. N. D. Delamater, lecturer on botany and pharmacology, in the Hahnemann Medical College of Chicago. In the *third* edition of this work, the author added eighty medicines to those contained in the second edition, and instead of confining himself to indigenous vegetable remedies, selected agents from all parts of the world and from the three natural kingdoms. He tells us, in his preface to the fourth edition, that "nearly every pathogenesis found in the *third* edition has been revised and rewritten, new and important symptoms added," and additional clinical indications given. But in addition to the medicines contained in the *third* edition, we find that to the *fourth* edition forty-four others have been added, many of which are of great value and importance, as a perusal of the following list will show: Amyle nitrite (the symptoms of which, however, are given in volume II), Apomorphia, Aranea diadema, Arsenite of iron, Arsenite of quinia, Berberina, Caffein, Cedron, Chionanthus, Clematis Virginiana, Coccus cacti, Croton chloral, Digitalin, Ergotin, Eucalyptus globulus, Euphorbea hypericifolia, Fagopyrum esculentum, Ferro-cyanuret of potassium, Gallic acid, Hecla lava, Hydrophyllum, Ilex opaca, Iodide of barium, Juniperus communis, Kaolin, Kino, Lapis albus, Lobelia cardinalis, (Eranthe crocata, Oleum cajuputi, Oleum jecoris aselli, Oleum ricinus communis, Opuntia vulgaris, Pancreatin, Passiflora incarnata, Pepsin, Protosulphide of mercury, Ricinus communis, Solanum nigrum, Strychnia, Tanacetum vulgare, Thapsium aureum, Valerianate of ammonia, and Viscum album. "Of these, *nineteen* have been subjected to physiological experimentation on the healthy sufficient to enable us to fix upon certain symptoms which may be relied upon as *characteristic*. Of the others, we have only fragmentary provings or clinical experience."

From this volume "clinical notes" and "clinical experience" have been in the main excluded, these having a large field in volume II. A number of "curative symptoms," however, with directions regarding the dose, and hints on the author's views regarding the primary and secondary action of drugs, and the making of prescriptions in accordance therewith, are mingled with the *characteristic* symptoms of the remedies.

Our author has, in numerous instances, attached the name of an indi-

vidual to a symptom or a clinical observation, as *authority*. This may be objected to by some for the two opposite reasons, first, that in a work of this character such references are not necessary and all should have been left out, and second, that no symptom or clinical indication should be given without *authority* annexed.

We are of the opinion that Dr. Hale, has done the correct thing in taking a middle course. In a work of this character it was *not necessary* to attach the name of every prover or observer to his symptoms or observations; yet, on the other hand, a new symptom or a new observation is valuable in accordance with the character of the observer. An observation as to the use of a certain drug in diseases of the eye or ear becomes inestimably precious when made by a Houghton, a Wilson, or a Wood-yatt; pathogenetic or clinical symptoms referring to the diseases peculiar to women are stamped as true coin of the realm when they pass under the hands of a Guernsey or a Ludlam; and general symptoms, whether pathogenetic or clinical, that have for their sponsors such men as Hering, Williamson, Dunham, Lilienthal, Lippe, Hughes, Holcombe, Hale, and men of that ilk, should be and are more highly regarded and more trustfully accepted than those that come less highly recommended, though these latter may be just as correct and true. And in such cases as the above, authorities should be given, to carry with the symptoms a supporting testimony. In most instances where Hale has given authorities it has been under just these circumstances; in others he has stated the allopathic or eclectic sources from which his information has been drawn.

Taking this volume as a whole, in the number of new remedies added, the additions made to the symptomatology of the older remedies, as given in the third volume, and the general revision and correction of the text, it is a vast improvement over preceding issues, and renders it almost a new book.

Volume II is devoted to *Special Therapeutics, with Illustrative Clinical Cases*. Our author remarks in his preface: "This volume contains my own personal experience in the therapeutical use of the New Remedies, together with the clinical experience of physicians belonging to the homœopathic and other schools of medicine. With some remedies this experience extends over a period of more than twenty years; with others a briefer time; a few of the medicines I have not used. In quoting the clinical experience of others, I have tried to give all the authorities as far as attainable. I have not intended to show any preferences, for I believe in tolerating the largest liberty of opinion and practice.

"When the first volume was in course of preparation, a few of my colleagues suggested that I should pursue the plan adopted in the first two editions, namely, giving the day-books of the provers, and the authority for each symptom. After due consideration and consultation, it was decided that such a plan was not necessary or desirable. The scope and purpose of the volume did not require it, for it was not intended as

a *general*, but a *special*, symptomatology. In this volume, in my mention of each remedy, I have generally given its pathogenetic history, names of provers, etc. Moreover, Allen's Encyclopedia of Materia Medica, now in course of publication, renders the citing of every authority altogether superfluous."

In this second volume, Dr. Hale has gathered together a vast amount of valuable information regarding the curative effects of the various remedies treated of, though some of them present but a meagre showing; and these observations nicely supplement the symptomatology of volume first, rendering the scope and action of the remedy more clear and exact, and confirming the symptoms.

An Index of Remedies, and a valuable Index to Therapeutics, complete the work. The latter, under the names of diseases and of symptoms, points out the remedies indicated, with the page upon which they can be found.

We are of the opinion that, in these two volumes, Dr. Hale has presented to his professional brethren a very valuable work, and one that will be often consulted with great advantage.

In examining these books, a noticeable feature is their improved appearance as compared with the preceding editions. Clear and good type, excellent paper, good presswork, and handsome and durable binding, are characteristics of the books issued by Boericke & Tafel, and in Hale's Materia Medica they have added to their well-earned reputation in these particulars. We understand that the work is meeting with a ready sale, and, indeed, we do not wonder at it, for those who have the preceding editions will naturally wish for the present volumes; and we do not understand how those who have no copy of "Hale," can do without.

On sale by Boericke & Tafel, and by all homœopathic pharmacutists.

A MANUAL OF PHARMACODYNAMICS. By *Richard Hughes, L.R.C.P., Exam. Third edition.* Being a Course of Materia Medica delivered at the London Homœopathic Hospital. *Part I, The Acids—Guaiacum.* Henry Turner & Co., of London. *New York:* Boericke & Tafel, 1875. Pp. 388.

Hughes's Manuals of Pharmacodynamics and Therapeutics have been highly regarded by the profession for their intrinsic excellence as practical works, and for the scholarly manner in which they have been written. The first and second editions were rapidly exhausted, and it will be pleasant news to very many of our readers to learn that the third edition is now in course of publication. Part I, now before us, commences with *Acidum benzoicum* and ends with *Guaiacum*, and we are told by the publishers that Part II "may be expected early next spring," together with the preface, contents, and index of the complete work. Let us hope that the author will give us ere long the third edition of his "Therapeutics."

In this edition of his work our author has departed from the style of the former editions, viz., a series of letters to an inquirer, and is giving instead his course of lectures now in process of delivery at the London Homœopathic Hospital. All will agree, on examining the work, that the new plan is a decided improvement on the old one. A number of remedies have been introduced that were not treated of in the previous edition, such as Carboic acid, Ailanthus, Alumen, Amyl nitris, Apocynum cann., Aurum, Aselepias, the Bromides, Calcareæ caustica, iodata, and chlorinata, Carbon sulphidum, Santonin, Quinine, Coca, Dioscorea, Eupatorium purpureum, and Gambogia. In addition to the incorporation of these remedies with the work, the accounts of the remedies heretofore given have been rewritten and materially enlarged. In the second edition Guaiacum is found on page 293, whereas in the volume under consideration that remedy is to be found on page 385; the pages being of the same size in both editions, and containing about an equal amount of matter.

The method followed by the learned author is best set forth by himself in his introductory lecture. He says: "Our method will be as follows: After defining what it is that we are administering under the common names of the drugs—Aconite, Arsenic, and so forth—I shall refer you to the authorities for our knowledge of each. Under this head will be mentioned the original provings, and any special sources of information which may exist. Then I shall proceed to describe the pathogenetic influence, and to indicate the therapeutic uses of the drug. A list of allied medicines will next be given, with which the drug under study may be profitably compared. Lastly, I shall touch upon the question of dose, but only so far as to state whether the lower or higher dilutions seem to have been most efficacious in the treatment of disease."

On sale by Boericke & Tafel.

EDITORIAL NOTES.

THE CASE OF CARRUTH—DEATH OF THE WOUNDED MAN—POST-MORTEM EXAMINATION BY PROF. A. R. THOMAS.—Most of our readers have read or heard of the extraordinary case of Uri Carruth, who was shot through the posterior wall of the skull, the ball remaining imbedded in the brain, and yet who gave good promise of recovery from the apparently necessarily fatal injury. Mr. Carruth died on Sunday, October 24th, at three o'clock in the morning. Professor A. R. Thomas, of Philadelphia, who had visited Carruth professionally during his lifetime, in conjunction with Dr. Tuller and Professor J. C. Morgan, made a post-mortem examination on the Monday following the death. We herewith

present the notes dictated by Prof. Thomas during the progress of the examination, and which we are sure will interest all who have a knowledge of the extraordinary case:

"Body in good, plump condition; fair muscular and adipose appearance; exterior surface of body showing gravitation of blood beneath skin; no discoloration about head and face; cornea of right eye slightly collapsed from absorption of aqueous matter; right eye more plump; point of original wound open and exuding bloody serum; bloodvessels in posterior portion of scalp, neighborhood of wound, much congested; lining of scalp over wound showing considerable clotted blood; portion of ball was then found about two inches below wound, between scalp and bone (it was a flattened strip, about half an inch long by three-quarters broad); original hole in skull partially filled up with fibrous matter; on separating the skull it was found of average thickness, pierced by a round smooth hole at entrance of bullet, one inch to right of occipital protuberance and half an inch above groove of right lateral sinus; vessels of dura mater much congested; opening in dura mater closed over by a thin membrane; inner surface of dura mater closely adhering to pia mater about surface of wound; softening of gray portions of brain in same region on surface; wound in brain-substance firmly closed up; right optic nerve smaller and of less consistency than left; no injury to base of skull; vessels of pia mater much congested; adhesion of the falx and upper surface of tentorium of right lobe; the removal of upper surface of right hemisphere of brain opened into an abscess, filling up the greater part of the posterior lobe with about two ounces of thick, greenish-yellow pus; a second abscess was then found at the point of entrance of bullet into brain-substance, smaller and just below the other; a third abscess lower still was then found, all being lined by dense pus-forming membrane, and entirely isolated from each other. Just here Prof. Thomas announced that he felt the bullet in the dura mater. The bullet, found immediately after, was encysted in the tentorium, beneath the posterior lobe, right hemisphere. It bore its original shape of a conical bullet, the cavity being still shown where the charge lodged. The missile was found about one and a half inches from point of entry, and a little below it in direction. Marked congestion of the pia mater was next noticed about the floor of the right ventricle, particularly on the right side. The cerebellum was found entirely uninjured by the ball; moderate softening of the crura of the brain and of the large ganglia at base was next noted, and at this point the examination of the head was concluded. The remainder of the post-mortem disclosed that, with the exception of a slight congestion of the kidneys, the body was in a fairly healthy condition."

Dr. Thomas said, in his testimony before the Coroner: "Death was evidently, in my judgment, the result of a gun-shot wound, the bullet passing through the brain. The more immediate cause was the abscess following the passage of the ball into the brain."

THE HAHNEMANNIAN MONTHLY.

Vol. XI. Philadelphia, December, 1875. No. 5.

OBSERVATIONS AND REFLECTIONS UPON PHARMACY.

BY J. F. COOPER, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1875.)

FROM birth to old age the frequent manifestations of disease among all classes of the human family compel a search for means to allay pain, to lessen suffering, and often to rescue life itself from peril. The physician's art has grown and is developing from this necessity. Although the means for the relief of the suffering and diseased are thickly strewn around us, an all-wise Creator has arranged that to make available the means so bountifully provided, we are compelled to learn the uses of the different substances thus available, and also to study closely the best means for preserving and preparing them for proper use.

This search has brought into use so many remedies, with their characters and constituents so various, and the means for preserving and preparing them so complicated, that the pharmacist's art has been developed and brought to a perfection unknown in former years.

Credit is doubtless due to both physician and pharmacist for the degree of perfection attained by persevering industry and the use of scientific means, in this department of medicine. In giving the subject of pharmacy the consideration it requires, it will not be difficult to come to the conclusion that the position of the man who prepares our drugs for use is a very important one, both as regards physician and patient.

Possessing absolute integrity, he should also possess a large fund of knowledge adapted to the business he has chosen to

perform ; and in order to the filling of his place properly, he should be able to command the respect and confidence of the profession fully.

In our part of the profession of medicine, there is but little competition to govern and exercise a salutary influence over the usages of pharmacy. Such being the case, it would be entirely wrong for medical men of our school, in the investigation and discussion of scientific medical subjects, to overlook even for a short time this important matter.

In discussing it, great care should be taken to bestow upon it that kind of attention that will not embarrass the pharmacist, and that will, on the other hand, be of such practical importance as will be an advantage to all. From the ponderous proportions attained by pharmacy, and the amount of study and research necessary to grasp and comprehend it in all its parts, it is scarcely to be supposed that the physician and pharmacist will agree in all the details, looking at them as they do from different standpoints.

The business and relations of the physician and pharmacist are so mutually dependent upon each other, that what involves the professional interests of the one also disturbs that of the other.

The intelligent pharmacist is as much aware of the fact that it is necessary for the physician, when he is brought to minister to the dangerously sick, to give the most carefully prepared as well as the properly adapted remedy, as does the physician, and that if he does not, he cannot be successful. Hence the interests of both are at stake, as where a remedy carefully given fails to have the effect anticipated, the cause of failure is very frequently attributed to improper preparation.

Neither the pharmacist nor pharmacopœist can well afford to disregard the principles involved in the relation existing between their business and that of the physician.

An unmistakable interest is felt by the conscientious physician in all that pertains to pharmacy.

This paper has been prepared by the writer with a full belief that a detailed account of the common usages of pharmacy as practiced by those of our school of medicine, would be not only interesting but instructive as well, and possibly serve to correct misapprehension, and by a proper consideration by the members of this society serve the purpose of developing, if not new principles, some advance in that department of our art. While in Philadelphia, in October last, some impressions

were received not favorable to the usages of pharmacy, which have haunted me as an unwelcome vision, and to remove the impression, or correct the usage, an investigation was undertaken. The information received was given with that freedom and want of reserve which betokens a consciousness of being in the right; and as an opportunity to observe the processes of pharmacy, where carried on upon so large a scale, is but seldom enjoyed by many of our physicians, a statement or detailed account of the various processes by which our medicines are prepared for use, and to learn with what circumspection the processes and details of the establishment where these preparations are made, are carried on, it was thought would doubtless be interesting and satisfactory to many.

Nearly a quarter of a century has passed since Mr. Boericke entered upon the discharge of the duties of a homœopathic pharmacist; and I am free to say that I feel that the practical knowledge and integrity seen in the management of his establishment, would be difficult to find in another.

The establishment over which he presides is the only one in the State that imports the class of medicines we need from abroad, and in it a great part of the triturating and attenuating of the medicines sold for homœopathic use in many portions of the country are performed. Thirteen different apartments are used for the various stages of preparation and storing of articles necessary for a physician's outfit and every-day practice. In passing through the entire establishment, scarcely an odor of any kind is perceptible.

In all about 450 different remedies are prepared for medicinal use. Of this number about 170 have been triturated, and in this process ninety mortars have been used. Compound substances from a common base, as Calcarea and its compounds, where at all admissible, are prepared in one mortar.

The triturations of Aurum, one mortar. Hepar sulph. has one mortar, and all the preparations of Calcarea are made in one mortar. The different preparations of mercury, four mortars. Zinc, one, and the Valerianate of zinc, one; Ant. crud., one; Tart. emet., one; Argentum and Argent. nit., one; Ferrum and Ferrum ac., one. The different preparations of Lead, all in one mortar; Nux vom., one mortar; Ignatia, one mortar; Lycop., one. The potashes, being soluble, are generally prepared by attenuation with water and alcohol, but are called for in the form of trituration by some practitioners, and are consequently kept in the form of trituration, except the per-

manganate. These are all prepared in one mortar. Aconite, Bell., Coff., and many other vegetable medicines, usually prepared in fluid attenuation, are occasionally required in the form of a trituration, and are so prepared to suit the practitioner; but when called for, as they usually are, at long intervals, a class of mortars kept for that special purpose is used, in which possibly another medicine has been prepared. When six months have passed over, or as is the case at times, a year or two years, and the mortar having been thoroughly cleansed immediately after the using, it is thought not improper to triturate another medicine in it which has many of the properties of the one previously triturated. All animal substances are triturated in separate mortars. Immediately after the using of a mortar it is washed with hydrant water, and then burned out with pure alcohol, and placed away in position to keep out dust or other floating matter in the atmosphere of the room where it is kept.

In the attenuating of the four hundred and fifty different medicines kept in stock, both the decimal and the centesimal scales have been used, and a set of each, up to the 30th, are kept. Alcohol, where water is not specially needed, is always used in the attenuating process.

No alcohol is made in the establishment, as a United States license, with all the requirements of the excise law, would make it impossible to clear the cost of manufacture.

The alcohol used is that of an extensive Philadelphia establishment reputed to make the best now made in the country.

The water used is distilled from filtered Schuylkill water, in the process of which a copper still is used (a platinum-lined one having been ordered, but not yet in use), and a block-tin condenser receives it. It is afterwards kept in clean glass-stoppered bottles for use. Every bottle used in the pharmacy is thoroughly cleaned before using it, by being placed mouth downward over a circular brush of suitable size, caused to rotate rapidly within the bottle by means of a treadle and a gearing capable of running it at the rate of fifty or more revolutions per minute.

About twenty-eight thousand bottles of the various sizes are used in the building; of these about twenty-five thousand are used for attenuating purposes.

Globules of the various sizes used by the profession are made in the third story of the building, in a room shut off as much as possible to prevent medicinal odors from commingling

with the material in their manufacture. They are made of pure double refined cane-sugar, without any admixture of starch or other ingredients.

Two hundred and fifty remedies are kept in potencies ranging from the 30th to the 200th. One hundred and fifty of the 500th are also kept on hand, and of the 1000th one hundred remedies are kept for professional use. All these are run up with alcohol of the purest grade or quality obtainable.

The preparation of tinctures from foreign plants, must, with few exceptions, be made abroad, and the tinctures themselves imported.

This is done in packages of from one to four pounds or more in a package, as the trade requires.

The tinctures prepared from American plants, and such as are here prepared from foreign substances in our Philadelphia pharmacy, are prepared in one room. And on looking through it the evidences of an unusual care are manifest. The reception of and also the packing of articles for shipment is done in an apartment fitted up for the purpose, and in which articles are not allowed to remain longer than necessary for fitting them for their respective departments of the establishment, or the destination to which they are to be shipped.

The sugar of milk so much used for trituration, and also as a vehicle for dispensing our medicines, is, you are aware, for the most part a product of Central Europe, and in its native or commercial state is loaded to a greater or less degree with impurities, such as Lactic acid, *Natrum muriaticum*, traces of oily matter, and various substances carelessly left in the crystallizing troughs.

This is, by special contract abroad, freed as far as possible from these impurities by being dissolved in pure water with which a sufficient quantity of albumen has been carefully mixed, and then the whole mixture boiled and skimmed till entirely freed from anything that will come to the surface by coagulation of the albumen and its bringing with it to the surface all solid or foreign matters for which it has any affinity, or to which in its coagulation it may attach itself.

It is then recrystallized and dried, and when in that state is in condition for grinding and the process of trituration.

The grinding is done in a room closely shut off from the balance of the room in which the triturating is done, and is performed by steam-power. The grinding apparatus is composed of (as nearly as observation would enable me to decide) the

same material as the mortars are made of, and run on the principle of a common flouring mill, but, of course, a little different in its construction, the ground material falling into a revolving bolting apparatus, which sifts the finer part of the ground sugar from the coarse, and enables the man attending to regrind the coarse, or use of it for purposes of trituration.

Steam-power is used for the triturating process as well as for the grinding of the sugar of milk. The time consumed in the making a trituration is usually about two hours. And in making it the pestle is caused to revolve or rotate in one direction constantly, while the mortar in which the trituration is made is by the same power caused to revolve irregularly in the opposite direction, within a given circle, in such a manner as to cause the pestle to pass frequently over every portion of the triturating surface of the mortar.

When ground, the sugar of milk is put up in pound packages for use, in an apartment entirely devoted to that purpose. The putting up of medical packages and the dispensing of medicines is done by hands long used to the business, and from the perfect system observable in that department as little likely to blunder or make mistakes as it is possible for human beings to be.

Although two homœopathic pharmacies are located in Philadelphia, one only has been spoken of, for the reason that the two are connected in their business, and the preparations of both are mainly prepared in the principal one spoken of.

As many of the practitioners of our State are and have been using the preparations of Smith's Pharmacy in New York, I can say that after a careful inspection of the different departments of the establishment, and considering the standing in the profession of Carroll Dunham, B. F. Joslin, and many others of prominence as stockholders, no other conclusion can be arrived at than that it certainly ranks among the best in the country.

Some of the usages observable in a round of inspection in any of our pharmacies will impress the mind of the physician as being not in accordance with his views of pharmacy. But to learn the theory and to see it in practice at times in some of the details of a business, makes upon the mind very different impressions.

We will bring this paper to a conclusion by expressing a wish that this branch of our art may continue to receive the attention it undoubtedly demands from the medical profession.

CLINICAL CASES.

BY F. R. SCHMUCKER, M.D.

VARICOSE ULCERS.

Mrs. M——, aged 50, has had varicose veins from childhood. About fourteen years ago she was seized suddenly with severe pain in anterior portion of right tibia. The parts became swollen and bluish. She applied leeches without relief. A few months afterwards she abraded a small particle of skin on dorsum of right foot. The wound enlarged into an open ulcer, very painful, at least two inches in diameter. She then resided in Philadelphia. Took treatment in Pennsylvania Hospital for about two months; also with many different allopathic physicians of that city. Since living here, she has tried severally eight allopathic doctors, never any homœopathic. The most that had ever been accomplished under any treatment was to produce a thick scab over the ulcer, which came off in a few weeks and was followed by the old trouble. Never any granulations followed by healthy skin.

When I first saw the ulcer, August 7th ult., it was extremely painful, sensitive to touch, surrounded by bright-red inflammation, objectively feeling hot, discharge sanious, the whole foot considerably swollen. Gave Bell.³ for a few days. This seemed to reduce the sensitiveness somewhat. I then covered the surface of the ulcer well with Chloride of mere.^{ix} trit., as recommended by Dr. Helmuth. Supported the parts well with adhesive straps, and bandaged tightly from toes to knee. R. Ars.³⁰, four times daily. Enjoined rest. In less than two weeks, healthy granulation was set up, with copious discharge of thick, healthy pus. At one time during treatment the process of healing seemed to have been arrested, with increased pain. Changed to Lach.³⁰, and continued the same until cured. Patient called at my office, October 22d. The foot was completely healed over with healthy-looking skin, no tenderness whatever on pressure. She felt well in every respect. Gave one more prescription of Lach.³⁰, and dismissed the case.

Mr. W——, aged 29; in height 6 feet 4½ inches; weight 235 pounds. Has had varicose veins for many years. Ulcer on left leg commenced about eight years ago. Open almost constantly ever since. Border and surrounding skin of a purple or dark-blue color; not very sensitive to touch; dis-

charge sanious. Has had allopathic treatment without much benefit. *Ry. Lach.*³⁰, three times daily, with no topical applications, except supporting the parts well with adhesive straps, and bandaging from toes to knee. Cured in six weeks.

"WORMS."

Mrs. W——, aged 57. For two years past has been much troubled with a trembling sensation in abdomen, sometimes as though something were twisting about in the stomach, always aggravated by eating; made her irritable and nervous. She sometimes felt as if becoming insane. Vertigo. Pain in legs. Sometimes numbness in left arm and leg, relieved by rubbing with whisky; frequently a sensation of heat rising from coccyx to occiput; urine generally dark; bowels always constipated; no activity except in lower bowels; often ineffectual desire for stool; no strength at all in the bowels; stools generally dark and crumbly, appearing as if worm-eaten. Appetite poor. Symptoms generally worse in morning. Feeling stupid and drowsy, with headache until she had bathed and was about a little while. She had taken considerable allopathic medicine with no benefit. I concluded to commence with *Nux vom.* Gave 3d and 30th in alternation. A few days afterwards she informed me that the powders had acted promptly in relieving her bowels; moved naturally two or three times each day. She also had passed large quantities of "worms." Continued *Nux.* In a few days more she brought me a quantity of ascarides, of which she thought she had passed at least a pint. Never had passed worms before. Symptoms all very much improved. The trembling and twisting sensation entirely gone. As I *have not seen* the patient for some days, I presume she has had no return of her disagreeable symptoms.

ORCHITIS.

In two severe case of this disease I have used *Phytolacca*^{1x} in water, with excellent and prompt results.

A PROTEST.

THE September number of the *Hahnemannian Monthly* contains an article on Urticaria cured by *Ledum palustre*. It appears to me at least doubtful whether "the gratifying result and speedy cure," in this case, is fairly attributable to the remedy given, urticaria passing off sometimes spontaneously

in a short time. There are cases, even, in which it comes and goes in an hour. I happened to see, lately, two such cases, which got well without medication. One of them was very severe, and as it serves to confirm my assertion, it is herewith communicated.

P. was a man about forty years of age, of generally good health. He took a plate of oatmeal gruel, shortly after a long and exhausting journey on foot, which he had afterward to vomit. This was at 4 o'clock.

About half an hour later, he began to be covered with a violent itching eruption, appearing first on the neck, and spreading downward till he was completely covered by it. This eruption came out as in Dr. Smith's case, viz., in round and oblong elevated blotches, which spread out and ran together. In this case the swelling was so violent that the whole body became as hard as a board; the face was greatly disfigured, and the lips, chin, and neck were swollen to such a degree that the jaws could not be moved.

At 6 o'clock the complaint was at its acme; about an hour and a half later he felt relatively comfortable, and long before midnight there was not a trace left of this urticaria tuberosa.

Having thus seen a case of such violence get well in so short a time without any treatment (except that the patient went to bed), is it not reasonable to doubt that *Ledum* exerted any curative influence on the course or symptoms of Dr. Smith's case?

Homœopathic practice may have gained by it, promoting its extension, but was homœopathic science promoted?

Such reports are too often met with in our literature, and they may mislead our young practitioners. I have considered it to be my duty to caution these, and therefore I have written this protest.

R. SCHULZ, M.D.

FISTULA IN ANO.

BY A. R. THOMAS, M.D.

(Read before the Pennsylvania Homœopathic Medical Society, October, 1875.)

THE frequency of this very troublesome complaint is such as to make it worthy of the most careful study on the part of the surgeon. From the erroneous views entertained, both on the part of laity and profession, as to the safety of curing these

cases by operative procedure, many cases are permitted to continue from month to month and year to year, causing much suffering and inconvenience, and often so undermining the health as to lay the foundation for more serious diseases.

By fistula in ano, the surgeon understands a fistulous canal in relation with the lower portion of the rectum. Three varieties are recognized—1st. The *internal blind* or incomplete; 2d. The *external blind* or incomplete; and 3d. The *complete*. In the first variety, the fistulous passage commences at the mucous surface of the bowel at some point above though near the anus, and extends downwards and outwards, without opening upon the cutaneous surface. The *external incomplete* form consists in the presence of a passage commencing at a small opening in the integument near the anal orifice, and extending upwards without opening into the bowel. In the *complete* form, there is a continuous passage from an opening upon the surface, to one in the mucous membrane of the bowel, through which there may be an escape of both wind and fecal matter from the rectum.

Of these varieties the latter is by far the most frequent. The blind *internal* form may exist as such for a time, but is most sure sooner or later to break through upon the external surface, becoming thus a complete fistula. In many cases, also, of supposed blind *external* form, the surgeon failing to discover an internal opening, the fistula may be proven complete by a method of examination hereafter given.

No period of life is exempt from this disease; it is found more frequently, however, in adults, children and the aged being much less liable to the affection. Persons in all conditions of life, also, are liable to this trouble, although it is much more frequent in males than females.

The number of external orifices in cases of anal fistula, may vary from one, the more frequent number, to three or four, and Gross mentions one case in which there were seven. The position of the openings may also vary from a point just outside of the anus, to an inch or more from the same. The internal orifice is usually single and small, and situated within a fourth of an inch of the verge of the anus, although in some cases it may be as high as an inch.

The size and direction of the fistulous tract will be found to vary considerably; in some instances being quite straight, in others making a semicircular sweep from an external orifice on one side to an internal opening on the opposite. They

may also present cavities or saclike dilatations, which may be found filled with offensive purulent matter. The tissues about these fistulous tracts will frequently be found so hardened as to enable us to detect their position and trace their course by external pressure, particularly in cases of long standing.

Ætiology.—The great majority of cases of fistula in ano probably arise from or are the result of a single phlegmonous abscess in the immediate vicinity of the bowel. If this abscess breaks and discharges into the rectum, we may have formed thus an *internal* blind fistula, while if it discharge externally, we may, on the other hand, have resulting the *external* blind form. In the majority of cases, however, if an examination be made, even within a comparatively short period after the breaking of the abscess externally, a communication will be found also with the bowel.

The suppuration of hæmorrhoidal tumors, no doubt, sometimes result in the establishment of fistula of the anus, but this is a much less frequent cause than simple abscess. Another very probable cause of anal fistula may be in the establishment of a point of ulceration upon the mucous membrane of the rectum, from an injury received by the presence of a piece of bone or other foreign body which may have been accidentally swallowed, or from violent straining from constipation; this ulceration extending into the deeper tissues, thus forming a blind internal fistula, but which will be likely ultimately to result in the establishment of the complete form. It is not difficult to understand that after the commencement of a point of ulceration from any of the above causes, the continued irritation from passing fæces, or the lodgment of particles of the same within the cavity of the ulcer, the destructive process may extend to the submucous tissues, and thus end in the establishment of a fistula.

Another undoubted cause of fistula in ano is a scrofulous diathesis; hence the frequent association of this affection with phthisis, to which it may, perhaps, bear the relation of either cause or effect. (To this latter subject I shall again refer.) Exposure to wet and cold, no doubt, plays its part in inducing rectal abscesses and fistulæ in adults. While in children the presence of worms or injuries in the region of the anus, are believed to be the more common cause.

Diagnosis.—The diagnosis of anal fistula is generally not difficult. It should always be suspected where a patient com-

plaints of having had an abscess in the region of the anus, followed by a persistent soreness, and particularly if accompanied with indurations and continuous or occasional discharge of a bloody or purulent fluid. For an examination of the case, the patient should be placed on the affected side, near the edge of the bed, with the knees well drawn up, the nates being separated. A careful visual examination will generally expose, near the anal orifice, one or more small conical bluish points, surrounded by a slight appearance of inflammation, and indicating the position of the external orifice of a fistula. By carefully feeling the parts, there will generally be detected a hardness beneath the surface, which will indicate the position and course of the fistulous tracts. An oiled probe may now be passed into the opening, which will be found at the base of the papilla before mentioned, and gently passed along the sinus as far as it will go without using force. The index finger of the left hand, being well oiled, may now be passed into the bowel, the patient being directed to relax the sphincter as much as possible to facilitate the introduction, the point of the probe felt for, and in the majority of cases the same will be found within the rectum.

In some cases, either from the small size of the opening or from the tortuous course of the sinus, there may be difficulty in detecting the internal orifice. In such cases the anal speculum may be used to advantage. This instrument being introduced, with the opening towards the suspected site of the internal orifice, a bent probe or a blunt hook may be used for feeling about the part, when it will frequently fall into the opening, and may be made to project beneath the skin externally. In some cases, the most careful examination with the probe alone may fail to detect the internal orifice, and the surgeon may conclude he has a case of blind external fistula. Before coming to such a conclusion, however, he should resort to a method first employed, so far as I know, by Dr. Charles M. Thomas, of Philadelphia, and suggested to him by seeing Professor Simon, of Heidelberg, use the same plan in detecting the vaginal orifice in cases of vesico-vaginal fistula. The method consists in injecting the fistula with *milk*. A small syringe being filled with this fluid, the pipe is introduced into the external opening, the speculum having been first passed into the rectum, and slowly discharged, when, if there be an internal opening, the milk will be found flowing into the bowel, making it easy to detect the point of entrance.

In the examination of all cases, an exploration of the rectum should be made as high as the finger may reach, with the view of ascertaining if there be any stricture or scirrhus condition of the bowel, or other complication. If the parts be very tender and painful, it would be better to have the patient under the influence of an anæsthetic during the examination, everything being ready for an operation, should one be deemed necessary.

Treatment.—It is well known that anal fistula very rarely heals when left to take its own course, or when treated by internal remedies alone. Mr. Allingham, of St. Mark's Hospital, London, who has treated over 1200 cases of anal fistula, reports thirteen cases only cured without an operation. Of these the greater number were of the blind external form. All were probed, and several treated with injections of various kinds; none were what could be termed bad cases, and for only three could there be claimed a spontaneous cure.

The explanation of this rare occurrence of a spontaneous cure may be found perhaps in the following circumstances: First, the tissues immediately around the rectum consist largely of loose areolar tissue and fat, affording thus a poor support to the bloodvessels; second, the veins of the part are without valves, thus favoring a stagnation of the blood; while, finally, from the movement of the bowels, and the *action of the sphincter muscles*, such a motion of the parts is kept up as always interferes with the formation of granulations.

There are few homœopathic physicians that have not prescribed remedies for anal fistula; but how rarely do we hear of a cure! In *Raue's Record of Homœopathic Literature*, for the past five years, three cases only are reported. One was cured by Arsen., one by Silicea; while the third cure, in addition to the internal use of Phos., Silicea, Mezer., Nit. ac., and Causticum, was treated by injections of aromatic wine and the local application of Vienna paste. In the former cases, the description is such as to leave doubt as to the correctness of the diagnosis; while in the latter, the cure is probably to be attributed more to the local treatment than to the internal remedies.

While the treatment of anal fistula by internal remedies is attended by so poor results, under proper surgical treatment the disease may be most surely, promptly, and effectually eradicated.

Among the several methods of locally treating this affec-

tion, I shall mention, first, that of injections. There is no doubt but that now and then anal fistula may be cured in the same manner as fistula in other parts of the body,—by injecting with various stimulating substances. Cases cured by this method, however, I believe to be generally of the blind external form, and situated at such a distance from the sphincter muscle as to be little influenced by its action; at least the single case cured by this method in my practice was of this character. Among the substances used for injection I may mention aromatic wine, Iodine, Carbolic acid, and Caustic potash, each in a state of dilution. Rest in bed, with a confined state of the bowels for a few days during the treatment, will increase the chances of success.

The necessity of operative interference in the successful treatment of these cases has long been known. It is said that "Louis XIV of France suffered from fistula in ano, but being unwilling to undergo the operation which his medical attendants assured him was necessary, listened to various proposals for curing the disease without having recourse to the knife. Instead of trying these methods on his own person, however, he collected a number of his subjects who labored under the same infirmity, and caused the proposed experiments to be tried upon them. Some of them he dispatched to the waters of Barèges, others to those of Bourbon, and many more he subjected to every form of treatment proposed for the purpose in view. At the end of a year, finding that not a single patient had been cured, his majesty yielded to necessity, and permitted his surgeon, M. Felix, to perform the incisions which he judged proper." (*Symes's Surgery.*) The total fees of the two surgeons, two physicians, four apothecaries, and the latter's apprentices, who were present at this operation, are said to have amounted to \$73,500.

The operation for anal fistula, as originally performed by the old surgeons, was a serious, and many times a dangerous operation, consisting as it did in a dissecting out of the walls of the sinus. From a knowledge of the fact that the great obstacle to the healing of these cases lies in the continued action of the sphincter muscle, at the present time the operation consists in simply laying open the tract of the fistula, at the same time *dividing the sphincter muscle*, and thus destroying its action for a sufficient length of time to permit of the healing of the parts from the bottom, and thus obliterating the fistula.

For the performance of this operation various instruments have been devised, and several different methods proposed; but probably the simplest method is the best, and in that the only instruments required are a common bistoury, either straight or curved, a grooved director, and a probe. The steps of the operation are as follows: The bowels having been emptied by an enema, the patient should be placed in the position before-mentioned for the examination, and the nates separated by an assistant. The fistula having been examined and the position of the internal opening detected, a probe-pointed grooved director, well oiled, may be passed into the external opening, along the sinus, and into the bowel if possible. The index finger of the left hand may now be introduced into the rectum, the point of the probe caught by the same, when, the patient being told to strain or bear down, the point may be readily brought down and out of the anus. The tissues may now be easily divided with the bistoury.

Should there be no internal opening,—which is very rarely, however, the case,—at some point there will be found but a thin layer of tissue separating the point of the probe from the finger; at this thin spot the probe may be worked through, and then brought down by the finger.

Should more than one external opening be present, the director should be passed into each separately, carried on until it appears within the line of the first incision, and the tissues be divided as in the first case. A careful examination should also be made for detecting any lateral sinuses or burrowing into the surrounding tissues, or for any extension of the sinus above the internal opening into the bowel, either of which must be carefully laid open, or the operation may be a failure.

In many of the older works on surgery, we are directed to lay open the fistula with the blunt-pointed curved bistoury, catching the point of this, when passed through the fistula into the bowel, in the same manner as the director, and as it is brought down by the finger, gradually dividing the tissues. This will be found, however, much more difficult and less expeditious than by the use of the director.

After the operation the wound should be packed with lint, and the dressing kept in place with a T bandage. On the second day the dressing may be removed, after which a piece of oiled linen rag may be placed between the parts, which will be found sufficient to prevent the too early union of the

edges. The parts should be kept clean by daily washing with tepid water until healed.

As in operating for the blind *external* fistula we make an opening into the bowel, converting it thus into the *complete* form, so in the blind *internal* fistula, we should endeavor to discover the nearest point of approach of the sinus to the surface, which will generally be indicated by a hardened lump at some point near the anus, and by passing the knife into this, form thus a complete fistula, which may then be laid open in the usual way.

Slight or recent cases of anal fistula may be successfully treated by the ligature; that is, when the canal is short, and just beneath the skin. For old cases with long and deep sinuses, with dense walls, this method is not well adapted. In all cases, treatment by the ligature will consume more time and be accompanied with more pain than when the knife is used. For the introduction of the ligature, a probe with an eye may be used, a stout piece of twine, or what is better, a shoemaker's waxed end, passed through the eye, and thus by means of the probe drawn through the fistula. It may be left loosely tied, if the patient is nervous and very intolerant of pain, in which case it will take perhaps two or three weeks for it to cut its way through, the fistula gradually healing behind; or it may be tightly drawn, and each day retightened, causing it thus to cut it through in a few days.

Prof. Dittel, of Vienna, has recommended the *elastic ligature* for the treatment of fistula with a high internal opening, which are always divided with difficulty with the knife, or in cases where troublesome hæmorrhage may be feared. The ligature consists of a round pure rubber cord, which may be introduced through a canula, the speculum having first been passed, and through which the ligature may be caught by a pair of forceps, and drawn down. The canula being withdrawn, the ligature may be tightly tied, when in three or four days it will generally cut its way through, and the fistula be found healed.

For the treatment of a similar class of cases, Thomas Bryant, of Guy's Hospital, London, has employed the galvanic cautery. The twine being carried through the fistula, the ends are attached to the battery, and when thus heated, by a gentle drawing motion the tissues are rapidly divided, with little pain and with the loss of scarcely a drop of blood.

The *cérasseur* has also been used for dividing anal fistula,

and in bad cases, liable to be followed by loss of much blood, the method is claimed to possess advantages at least over the knife. The difficulty experienced in the introduction of the chain, however, forms an objection to the use of this instrument.

I now pass to the consideration of a subject of much importance,—the relation of anal fistula to phthisis. The opinion has been long entertained, that the cure of a case of fistula by operation exposed the patient to the risk of a development of tubercular disease of the lungs, or at least that persons suffering from a cough, were almost certain, if operated upon, to have pulmonary tuberculosis follow as a result, the theory being, that the discharge of the fistula has a purifying influence upon the system, which, if arrested by an operation, the morbid matter is thrown upon the lungs, giving rise to a cough, and ending in confirmed tuberculosis. If this be true, it is a matter of much importance that it be well understood; on the other hand, if it be fallacious, it is equally important that the theory be exploded.

Authorities upon this subject are divided. Dr. Rush, in his work *On the Rectum*, says: "It is very apparent that a great many fistulæ depend upon disease of the lungs, therefore we should not operate upon them, else the healing will give rise to an increase of the pulmonary disorder and curtail life."

Andral and Louis, both of whom had great experience in pulmonary disease, both state they had rarely observed a conjunction of the diseases; while Andral states that in 800 cases of phthisis, he noticed but one case of fistula.

Mr. Erichsen objects to the operation, except in a few picked cases.

Mr. Bryant, in his *Practice of Surgery*, says: "The existence of pulmonary mischief, if not far advanced, is no argument against the operation; nay, it may be made use of as an argument in favor of surgical interference."

In Holmes's *System of Surgery* we read: "If a fistula be cut when a patient is suffering from phthisis, the wound will not heal."

Allingham, in commenting upon this statement, says: "This, I am bound to say, is not my experience."

Gross says that when the fistula is complicated with serious disease of the lungs, "we cannot be too cautious," and recommends in such cases the use of the ligature rather than the knife.

Symes says: "Unless the fatal disease (consumption) is not so far advanced as to make the slightest surgical interference improper, the operation may be performed, if desired by the patient."

In Smith's *Surgery* we read: "For many years, surgeons have entertained the opinion that in pulmonary tuberculosis the existence of a fistula in ano should be sedulously cherished, as it was thought to exercise a beneficial effect upon the disorder. This opinion has, however, been gradually yielding to more correct views of the origin and progress of pulmonary tuberculosis, and the beneficial revulsive influence of anal fistula is now justly doubted."

Where a man like Mr. Allingham, who can report over 1200 cases of fistula, speaks upon a subject of this kind, his opinion is worthy of attention. In his work on *Diseases of the Rectum*, we find him saying: "For my own part I do not think we have many, if any, clinical facts tending to show that the operation for fistula in phthisical patients renders the lung affection worse, or makes it more rapidly progressive. In saying this, I must not be understood to advocate the wholesale indiscriminate operations upon tuberculous patients; but I mean that if care be taken in the selection of the proper cases, avoiding interference with rapidly advancing phthisis, and the operation be performed at the right time of year, and with favorable surroundings, the patients will generally do well, and be benefited and not damaged by the cure of their rectal malady."

Such are the views of some of the most distinguished writers upon this subject, and I think it will be conceded that the preponderance of testimony is against the once popular views upon this question. In my own practice, but a single patient, as far as I know, operated upon for anal fistula, has died of consumption. Although the case developed over a year after the operation (no symptoms of the disease being present at the time), I was at the time led to fear the result might have had some relation to the operation, but my subsequent experience induces me to take an entirely different view. A lady operated upon in June last, had for several years been suffering from occasional bad cough, and her friends had experienced much anxiety as to her lungs, but since the operation her health has been better than for some time before.

Mr. Allingham makes it a rule never to operate upon a phthisical patient while the cough is constant, finding that the

continued succussion from the cough interferes with the healing of the parts, and never to operate in bad weather. Observing these rules, and placing the patient on a good nourishing diet, his results have been such as to lead him to take the view of this subject before quoted.

REST AS A REMEDY.

BY BUSHROD W. JAMES, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1875.)

THE bitterest dose you can prescribe for a busy patient is rest, and yet it is the sweetest one he can take. Physicians are responsible for many lingering attacks of disease, by not enjoining recumbent rest for the incipient physical symptoms, and mental quietness for nervous and cerebral disturbances. Take an example of almost daily occurrence. A young and vigorous man has by reason of his ambition and indomitable energy, overtaxed his physical or mental powers, or both, for these are indissolubly and intimately connected. A few days of rest in bed and freedom from mental care, possibly but a few hours, will remove all symptoms and ward off the threatened attack of typhoid fever. The *Materia Medica* is sifted and coned over and over, and drug after drug administered from day to day; the disease progresses; enfeebled nature succumbs; he is then too much debilitated to leave his couch; a typhoid attack is now fully confirmed upon him, and he must brave its dangers for days and weeks, and possibly he may end it in an unsuccessful struggle with the grim monster death.

Who is responsible? The patient who did not know or realize the nature and danger of his approaching malady, or the medical prescriber who did know or should have known, if he had the faintest knowledge of diagnosis at all; but who hunted up and prescribed any remedy but the right one, early rest, complete and continued, until the overworn system was recuperated? Be ye careful, therefore, that ye kill not rather than cure. Begin with your proper common sense remedy, *rest*. Enjoin and enforce it at the *outset*, for one or two days at least, and it may save the case from a tedious run of a lingering fever. You are certain of not doing any injury, and should you have erred in diagnosis, still there is no harm done, and you have probably lengthened the patient's life considerably by this rest.

The ophthalmic surgeon when called to a case of conjunctivitis, iritis, retinitis, or in fact almost any acute disease of the eye, begins his treatment with prescribing rest of the eye above all other measures, for otherwise no medicine will be likely to act or succeed in curing without it. For a traumatic inflammation of the brain or for inflammation of any part of the body from injury, he insists upon the same thing. Should the physician be allowed greater liberties in prescribing repose, when many of the diseases which he has to contend with are as vital, or even more so, than those which we have just been noticing?

And yet it is not an uncommon thing for a medical attendant, from a cowardly fear of displeasing his patient, not to inform the invalid that rest is an essential element in his recovery, and must be taken as faithfully as the drug-remedy which he has prescribed.

Could the tomb but yield up in enlightened and animated forms for a season, those who have been allowed to die untimely for want of this great restorer, what a tragic scene would be enacted at the threshold of many of the members of the medical fraternity, and what ghastly advice would be returned to them by the mouths of their former patients!

I am not an advocate of idleness, laziness, or of luxuriant ease, for I believe that every one has a mission of some character in the world to work out, and that labor develops the human frame, mental and physical, and that industry during health should always, and at all times, be insisted upon; but when disease is making inroads upon the human system from any quarter, this essential element in aiding the recuperative powers of nature must be enforced as early as possible.

The climate, and improper ventilation, and many other causes, receive the blame for the numerous cases of consumption that occur, when in reality the disease is nothing more than a failing of the vital powers from too long-continued mental or physical labor, or both, without a sufficient amount of rest thrown in.

Dissipation and the present mode of social living, which involves insufficient sleep, and to the young the so-called fashionable parties and sociables, and over eating, and irregularities of diet, giving the digestive organs very little rest, does more toward laying the foundation for consumption or permanent ill-health, than all the vicissitudes of climate combined; for these things prepare the system and open the weak points

for disease attacks, which a sudden change of weather is so ready to dispense. The well-rested, untaxed, unburdened human system is adapted to resist these atmospheric changes and hardships, and does it; but ambitious humanity presses onward in its business pursuits, constantly undertaking more than it should, until some vital organ must give way under the severe strain, and the lungs usually are the first to yield; and this suicidal decay is termed consumption, and Providence is murmured at for removing so many fair flowers from the earthly nursery, when it is oftener the invalid's own reward for murdering his own rest, and constantly breaking the well-known law of health,—commensurate rest to the labor performed each diurnal revolution.

SPHERE OF ITS USE.

In hæmorrhage of almost every character it is a prime requirement. The increased tension upon the bloodvessels produced by greater activity of the heart when a patient is moving about, is calculated to maintain or increase the loss of blood.

Some sanguineous discharges require absolute rest in the recumbent position, such for instance as hæmaturia, hæmoptysis, hæmatemesis, metrorrhagia and hæmatochezia, in order to effect a cure, no matter what other remedy be used. Others again, such as epistaxis and proctorrhagia, may be relieved by other remedies without this, unless the flow is very profuse and continuous. In traumatic hæmorrhages the bleeding vessels must be sealed by ligature, torsion, or styptic application, but rest is not often requisite unless the loss of blood is so great as to require it in subsequent treatment of the case for recuperation.

The passive hæmorrhages that occur in the course of low types of fever or after protracted diseases, excessive evacuations, debilitated constitutions, long watching and loss of sleep, long fastings, or in impoverished systems from poor diet, or in cases of blood poisoning from noxious elements introduced into the body, all require rest, continued for a considerable time.

In typhus forms of fever it is an early need, and the importance of correctly diagnosing your case is probably nowhere more noticeable than in the incipient stages of these maladies. In spotted typhus, or cerebro-spinal meningitis,

for example, the symptoms are particularly deceptive. The chill or coldness, and the neuralgic or wandering pains and weak feelings, are easily mistaken for a severe cold, and if the state of the circulation is not carefully noted, your patient may be in the grasp of death while yet walking about or sitting around. This is, in fact, one of the most difficult class of patients upon which this remedy can be enforced. They cannot be made to believe that so fearful a malady is at work.

The physician's duty is plain, however, and he must insist upon and impose at once this essential.

Cholera, sporadic or epidemic, is another disease to which the same remarks apply; also acute congestions and inflammations of the viscera or any of the noble organs.

In dysentery, peritonitis, and typhlitis, it specially needs insisting upon. The patient should not even get up from the recumbent position. For alvine or urinary evacuations a bed-pan or urinal must be used.

Many an attack of dysentery is greatly prolonged and made dangerous by not attending to this injunction.

Some disorders, however, require just the opposite management, such as dyspepsia, melancholia, uncomplicated constipation, paralysis, after the acute stage is over, opium poisoning cases, etc.

Still other disorders are so violent in their attack as to compel rest at once, and the patient goes to bed of his own accord, before the advice of the physician is sought. The greatest responsibility of prescribing rest is not in these cases, but in the more insidious forms of disease.

The largest and most important class of cases requiring its enforcement is that of sick children. It is our candid conviction that more children are killed with kindness, or would-be kindness, than die of cholera infantum every year.

Mothers and nurses have an infatuated insanity for jolting on their knees sick infants and children, or sitting them up on their laps and hugging and squeezing the abdominal and thoracic organs with their ungainly muscular arms, or throwing them belly downwards over their shoulders, and then patting them with their brawny hands on the back of the chest, until the little screaming sufferers, from sheer dread of being further pounded and made thus to suffer, cease their cries in despair of getting relief.

What is the result? Why, in all these fevers we have

noted, and in brain inflammations, they are nearly always sent heavenward by such inhuman treatment. What would you think of a thirty-year old adult being thus abused? You would here insist on rest, complete recumbent rest. Why not then to the more tender form of the child? Gentle care, and sometimes lifting and quietly moving it may become necessary, as in nursing an infant, or feeding a child, or attending to its wants; but the rough handling and usage of children one meets with so frequently when they are sick, is to my mind quite a murderous proceeding.

BUFO IN EPILEPSY.

BY E. M. HALE, M.D.

SEVERAL years ago, while on a visit to Dr. W. H. Holcombe, in New Orleans, he narrated to me several cases of old epilepsy which he had cured with Bufo (high). I believe that he afterwards reported these cases in some of our journals.

On my return home I procured some of the 30th, and prescribed it in several cases, but failed to get any curative results.

The question naturally arises, where do we get the symptoms which indicate Bufo in epilepsy? On consulting *Allen's Encyclopedia of Materia Medica*, we find on page 314, vol. ii, the following:

* *Convulsions* (caused, according to Paullinus, by eating herbs poisoned by toads, or taking the animals into the stomach).

Epileptic convulsions in the evening, at night, and sometimes in the morning, *as well as at the period of the new moon*.

Attacks of tetanus.

To these are added symptoms of a choreic character. These symptoms are recorded as according to Houatt, who proved the 30th potency of the venom, said venom procured from the cutaneous glands of an irritated toad.

On referring to Houatt's original proving, we get the epileptic group as follows:

"Lancinations in the cerebellum, making the head fall backwards; loss of consciousness and falling down; tonic and clonic spasms; turgescence and distortion of the face; convulsive agitation of the mouth and eyes; bloody salivation; involuntary emission of urine, and repeated shocks through the

whole body; the lower extremities are in more violent motion than the upper."

Now, if these symptoms are recorded in the order of their appearance, the "*lancinations in the cerebellum*" would be premonitory of the attack.

But a great many questions arise concerning this proving of Houatt.

1st. Did these epileptic symptoms occur in Houatt's own person from taking the 30th?

The trouble with Houatt's provings is that he has not deigned to give us the slightest clue to the character of the symptoms which he records. We do not know whether they are *pathogenetic* or *clinical*. A prover has no right to leave out such important information. In this same proving, he records as symptoms "hydatids of the ovary," and "obesity," but gives us no sign whereby we are to tell if the medicine caused or cured such diseases. It may be said that common sense ought to tell us that the two latter were clinical; but how about the epileptic symptoms, the "paroxysms of fury," "the enfeebled intellect," etc.?

Dr. Allen himself, who is supposed to have consulted the original proving in the French journals, confesses that he cannot separate the two kinds of symptoms.

We are told by the votaries of Houatt, that we ought to accept his provings, because practice verifies the symptoms. How would it be if any of our well-known writers on *Materia Medica* should publish a proving of an unknown drug, in which proving would be recorded many violent and unusual symptoms, and many of the most intractable diseases, such as epilepsy, tetanus, convulsions, hydatids, fibroid tumors, etc., some of them heretofore supposed to be amenable only to surgical treatment?

Such a proving or pathogenesis, even from a Hering, would meet with a cool reception and sharp criticism, unless it was accompanied with some trustworthy information relating to the origin of the symptoms. Why, then, should we accept the pathogenesis of such a man as Houatt, many of whose provings are made by merely holding a high potency in his hand?

If Houatt was an epileptic himself, or if he cured an epileptic with Bufo, he should have said so in a note.

I am pretty well known as an authority in a certain department of *Materia Medica*, and have published many provings,

but I have never given an important symptom without giving my authority for it.

I do not dispute the value of the purely pathogenetic symptoms reported by Houtt, but I do want to know *which* are pathogenetic. When he put down "phthisis pulmonalis" and "variola" in his pathogenesis of Sarracenia, we have a right to inquire if he *caused* those diseases with that drug in any potency.

It must not be supposed that I ignore his provings in practice; on the contrary, I use them all, and I use his provings, so far as I can select the pathogenetic symptoms as indications.

But to return to the use of Bufo in epilepsy. I have recently had a case which may illustrate its effects.

I was written to some time in September, 1875, by a gentleman in Hamilton, N. Y., who narrated his wife's case in about the following words:

"Her first attack of epilepsy occurred about seven years ago, when she was four months advanced in pregnancy. It occurred in the daytime, about one hour after dinner, while she was lying down. It was preceded by a lameness in the back, and stiffness of the nape of the neck. The next attack occurred three months after, and the next in six months. They then occurred at intervals of six to nine weeks. She always has them when asleep. They are followed by a severe pain and pressure in the top of the head, which sometimes lasts a week. Numbness of the left arm often follows. Her menses have usually occurred every three weeks, and the epileptic attacks are more apt to occur at such times."

I sent this patient a vial of small pellets of Bufo 200th. In two months her husband reported that she had had but two attacks since taking the medicine, and this occurred soon after she commenced the pills. (I prescribed six pills every night.) "She had not been as long without attacks for three years. She has become stronger, has a better appetite, and good digestion, a better circulation of the blood, a good warm surface from head to feet. When she first began taking the pills she had *nausea in the morning for a week or more.*" Here we find a pathogenetic symptom in the "morning nausea," and some curative effects in the "better circulation," etc.

A month after he writes: "Three weeks ago she had four fits in thirty-six hours, but they were lighter and passed off sooner. During the last three months her health has been better than in two years."

At this writing, it looks as though the *Bufo* was certainly ameliorating the condition of the patient, and may result in a permanent cure.

I have given *Bufo* 30 in a case of uterine, vaginal and urethral hyperæsthesia, with good palliative results. I had to finish the cure, however, with *Kali brom.*, 5 grains every four hours.

It is to be desired that those who have used *Bufo* with undoubted success, should report their cases. Those who have used it with failures should also report their cases.

TOXÆMIC PUERPERAL DISEASE.

BY J. H. MARSDEN, A.M., M.D.

(Read before the Pennsylvania Homœopathic Medical Society, October, 1875.)

WITHIN this term we include all those forms of puerperal disease, which in the present state of our knowledge we regard as arising from an agent acting upon and changing the character of the blood of the patient, whether this agent may have had its origin in septic matter generated within her tissues or be derived from without, and in the latter case without regard to its particular source.

During labor there are doubtless few, if any, cases in which the parts concerned entirely escape injury. They are subject to contusions, abrasions, and lacerations, some or all of which doubtless very generally would be found if the requisite examinations were made. They sometimes, as we all know, take place to a very serious extent. These injuries are liable to be followed in the puerperal woman, as in others, by traumatic inflammation. Under favorable circumstances, however, this may pursue a mild course and reach a fortunate termination, differing in no essential particular from that arising from wounds in general. As this affection does not fall within the limits of the subject which will now engage our attention, we will take no further notice of it. We will only here remark that all abrasions and lacerations, all breach of continuity of surface whatever, afford an open door for the entrance of septic matter which may be brought into contact with them, until they are protected by the reparative process.

But the course of inflammation occurring in the puerperal

woman is unfortunately not uniformly favorable. It is not always followed by speedy subsidence and healthy repair of the injury. It frequently assumes a much more serious character. From the prostrated adynamic condition which often follows labor, sometimes even precedes it, inflammation resulting from injury may assume a low grade tending to sloughing, and the discharge of a putrid sanious fluid (itself perhaps the result of a previously acting blood poison), which by absorption is capable of still further contaminating the blood, and thus giving rise to all the alarming phenomena and too often fatal consequences of toxæmic disease. Nor is this the only source of blood poison originating within the organs of the woman. On the contrary, blood-clots retained within the womb or vagina, portions of the placenta, or even the lochial discharge, when putrid, may act in a similar manner.

There seem to be two factors necessary to the production of toxæmic puerperal disease. The one is found in the peculiar susceptibility of the puerperal woman, the other in some agent capable of acting, at least in her present condition, as a blood poison. Wherein this susceptibility consists, has by no means been demonstrated to the satisfaction of all. Some have supposed that it has its origin simply in the prostration succeeding labor. If by prostration be meant merely the reduction of muscular or nervous power, which in some degree follows all ordinary cases of labor, the theory is inadequate to the explanation of the phenomenon. But may we not suppose that when any cause of whatever nature so reduces the *vital* forces that the catalytic action concerned in carrying on the processes of life is for the time being held in abeyance, that of the morbid agent, namely, the blood poison, gains the ascendancy and develops the disease in question?

Some maintain that it is through breaches of continuity in the tissues of the woman alone that septic poison can be admitted, at least in sufficient amount to produce disease. But as blood poison in other cases can gain admission by other avenues, so as to produce its full effect, perhaps we are not as yet prepared to deny the possibility of this happening in the case of the parturient woman.

When the vital powers of puerperal women remain in sufficient vigor after labor to rapidly repair injuries sustained during that process, before or by the time septic matter is formed, an effectual barrier is set up against it, and absorption to any considerable extent, at least, is prevented. In the op-

posite state of things, however, septic matter may be taken up, but even then, unless in overpowering quantity, serious disease may not result. The powers of the organism may still exist in sufficient force to resist and ultimately expel the blood poison. But if through the action of some one or more of the ordinary debilitating causes, including mental emotions, atmospheric and telluric influences, etc., the activity of the catalytic force concerned in carrying on the vital processes of the system be so reduced that it is no longer capable of holding in check the similar force which the blood poison tends to exert, then the latter becomes predominant, and disease triumphs over healthy vitality—the blood is “touched corruptibly,” and all the phenomena of toxæmic disease are developed.

Billroth, I believe, claims to have demonstrated that absorption cannot be effected by wounds except in a recent state, or when the fluid to be absorbed has the power of dissolving their protective covering, so as to present a fresh surface. Be this as it may, it is certain that absorption to the extent of producing serious disease, does not always take place when putrid matter is contained within the genital organs of the woman. We often meet with cases where blood-clots are expelled from the womb in a state of decomposition as evidenced by their odor, and where the lochia is highly offensive, and yet there is but little, if any, departure from normal convalescence. Even retained placenta is sometimes thrown off in a very putrid condition, and yet the patient afterwards makes a very good recovery.

But when the placenta is for some time retained, or when blood-clots undergo putrefaction within the womb, toxæmia in some of its forms not unfrequently results. This is especially liable to happen when exhausting hæmorrhage has taken place, as it often does when any portion of the placenta remains undetached within the womb. The danger of this result is here increased by twofold causes. In the first place, the vessels being emptied of their normal contents, fluids within reach of the absorbents are greedily taken up. At the same time the powers of the system to resist the deleterious action of morbid agents are greatly depressed through the debilitating effects upon vital action by the loss of blood. We remember a case which well illustrates this subject. The patient, a young woman, had been attended in her confinement by a midwife, and suffered from intimately adherent and retained placenta.

She for several days manifested no symptoms differing from those common to the puerperal state, till violent hæmorrhage ensued, perhaps about the fourth or fifth day after the birth of her child. She seemed even to rally from the effects of this accident, although I had found her almost pulseless. In the course, however, of two or three days thereafter, she was taken with a severe chill, followed by the usual symptoms of toxæmia, and soon afterwards died.

But the agent employed in the production of toxæmia does not always originate within the patient herself. On the contrary, it is often derived from other sources. It may be introduced into her organism by contact, through the physician or nurse. When the attendant has had in charge a patient laboring under this disease, especially if he have had occasion to make vaginal examinations, he may readily convey the poison to another by his hands. It would seem that this effect may be produced where the utmost care has been taken to cleanse the hands, and even to throw off the clothes worn when in the presence of a patient suffering from toxæmic disease. The case of Dr. Rutter, of Philadelphia, is often cited, whose practice, notwithstanding the utmost precaution on his part, was so constantly followed by the disease, that he retired for weeks into the country, but upon his return met with a repetition of the same disasters.

The contagion of certain other diseases is believed by many to be capable of producing puerperal toxæmia in the lying-in woman. Such is that of malignant erysipelas, typhus and typhoid fevers. So frequently is what is termed childbed fever encountered during an epidemic of erysipelas, that they are by some considered essentially the same disease, only modified by different circumstances. Such conclusion we think hardly sustained by general observation. It would seem that puerperal women may have attacks of genuine erysipelas, in which all the distinctive symptoms of that disease are fully developed, unaccompanied by those peculiar to puerperal toxæmia, and without the fatality of that disease. The same may be said of scarlet fever.

It is nevertheless pretty certain, that the contagious emanations, whatever they may be, from *malignant* erysipelas, are capable of producing the disease under consideration, in those who may be in a condition favorable to that result. Indeed the disease known as malignant erysipelas may be but a form of what has been termed pyæmia, and which is but a modifi-

cation of toxæmic disease, and therefore more nearly related to puerperal toxæmia than to ordinary erysipelas.

It cannot be denied that the same morbid agent may produce different morbid phenomena in different individuals, according to their peculiar susceptibilities. Several persons, for instance, are caught out in a drenching shower. Their susceptibilities to disease are different; we are unable to say why, or wherein this difference consists. One perhaps suffers in consequence from acute bronchitis, one from pneumonia, one from diarrhœa, another from dysentery, another from neuralgia, another from rheumatism, and some perhaps escape uninjured. Here the morbid agent is the same, the subjects apparently similar, but the results very different. We observe something like this also in the proving of our drugs, in the different symptoms evolved from the same article by different provers.

An epidemic of puerperal fever, lately occurring in the Philadelphia Hospital, has been reported, which could not be attributed to the contagion of erysipelas, for no case of that disease had for some time previous been in any of the wards, but which is said to have manifested the tendency to produce erysipelas in those not liable to puerperal fever. It is from this apparent relationship between the two diseases, namely, erysipelas and puerperal toxæmia, that, as before intimated, some have supposed the latter to be merely a modified form of the former. This relationship has, however, been strenuously denied by others; and it is but proper to say that preconceived theories may have led to incorrect observations or false deductions. The truth probably is, that any morbid agent capable of acting as a blood poison, may give rise to the phenomena constituting puerperal toxæmia in one whose peculiar condition, or, so to speak, present temporary idiosyncrasy, disposes her to take on that kind of diseased action.

The poison of typhus and typhoid fevers has also been named amongst the causes capable of producing the disease of which we are now speaking. If so, it must be owing to the peculiar susceptibility of the patient. Within the last eighteen months I attended a well-marked and severe case of typhoid fever in a man whose wife, when he was at the worst stage of his sickness, gave birth to a child in the same room in which he lay, and remained there during her confinement. The room was by no means well ventilated, and I feared for the result. She was, however, in an unusually short time out

of bed, and engaged again in her attentions to her husband. Her convalescence was perfect, and so far as I know without a single untoward symptom. Some weeks afterward she exhibited, in a very marked degree, the usual precursory symptoms of typhoid fever, and I felt almost certain she would go down with that disease. I gave her immediately Baptisia tinc. as a prophylactic, and to my surprise in the course of a very few days she was entirely well. In this case we may believe that the impression was made upon her system by the poison either during the puerperal state or before her confinement, for when she left her bed her husband was already convalescent.

The precise nature of the change wrought in the circulating fluid, in puerperal toxæmia, through the agency of the blood poison, has not yet, so far as I know, been precisely determined. "In many respects," says Dr. Meadows, "it resembles that found in severe cases of typhoid fever. There is a decrease in the number of red blood-cells, and an increase in the white cells, the fibrin is also increased, at least at first, but the solids generally are diminished. The extractive matter is increased, as is also the amount of lactic acid and fat. Moreover, there are also traces of bile pigment, and Mr. Moore says that he discovered a 'black precipitate' in the blood of a person who had died of this disease, and that there was 'a peculiarly offensive odor arising from it.'"

The foregoing is probably but an imperfect account of the change which takes place in the blood under the influence of the poison, rendering it not only unfit for the support of life, but causing it to produce destruction of tissue, or at least to suffer it to take place, in almost every part of the organism to which it circulates, and even in some instances to extinguish the vital spark before any appreciable organic lesion has supervened.

Nor can we suppose that it is merely the *quantity* of poison absorbed by the blood that, by its admixture, renders that fluid unfit to perform its normal functions. The amount primarily absorbed is no doubt often very small. But in these cases "a little leaven leaveneth the whole lump." The precise manner in which this is effected has not as yet been demonstrated to the satisfaction of all. Some have supposed the process similar to, if not identical with fermentation. Hence they have been encouraged to use, as antidotes to blood poisoning, those agents which are known to prevent or arrest

that process. For instance, sulphurous acid prevents fermentation, at least for a considerable time, in freshly prepared cider. Hence the sulphites have been used to prevent or arrest the ravages of blood poison. But whatever hopes artificial experiments may have held out, they have been disappointed, so far as I know, when these agents have been employed in clinical cases.

It is a well-established fact in chemistry, that certain substances, by their mere presence, disturb the stability of compounds, and cause their elements to enter into new combinations, while these substances themselves undergo no change. "When a mixture of oxygen and hydrogen is exposed to the action of spongy platinum, the gases combine to form water; when alcohol is dropped on platinum black, under exposure to air, the alcohol is oxidated and converted into acetic acid." In these cases the platinum itself undergoes no change, but determines changes in the condition of the substances with which it comes in contact. This peculiar action or modification of force, as yet unexplained, has been called catalysis, from the Greek words *κατα*, downwards, and *λωω*, I loosen. As yet we employ this term as we do *x* or *y* in algebra to denote an unknown quantity. But whatever may be the nature of this action, it seems to me probable that of the poison upon the blood may be similar to if not identical with it,—that through its catalytic power it may cause such changes in the constitution of the blood that it remains no longer the vital fluid, conveying life and health and nutriment to every part, but becomes a lethal agent, setting up disease, even in the very channels through which it circulates, and producing disorganization and death to all the parts to which it is conveyed, and which in its healthy state it had built up and supported.

If this view be correct, we think it furnishes a satisfactory explanation of the astounding fact that toxæmic puerperal disease may originate from contact of the hands of the physician with the genital organs of the patient, even when the former are supposed to have been thoroughly cleansed. A single atom of septic matter may so act upon the secretions as to convert them into poison, to be taken up by the absorbents, and ultimately to corrupt the whole mass of blood. Strange as this may seem, it is scarcely more so than that a single spark carelessly dropped in the dried grass of the prairie,

should kindle a fire capable of spreading over and devastating vast regions of country.

Without regard to the source whence the toxæmic poison may be derived, the resulting disease differs greatly in different subjects, in its symptoms, course, and pathological lesions. In one case the uterus will appear to have been almost exclusively the seat of diseased action; in others, and more frequently, it will be found to have invaded other organs, as the peritoneum, Fallopian tubes, broad ligaments and ovaries. Distant organs, as the lungs and liver, may be, and not unfrequently are, involved in the morbid process. All this goes to demonstrate the all-pervading nature of the poison, whose deleterious action may be traced wherever the contaminating fluid circulates.

The pathological lesions differ not only in their locality but also in their kind. In one case may be found only the vestiges apparently of ordinary inflammation, while in another will be detected purulent deposits.

From some difference in the symptoms of the disease during its course, and in pathological lesions detected after death, some writers have supposed several distinct toxæmic puerperal diseases to exist, to which the terms septicæmia, pyæmia and puerperal fever have been respectively applied. In the present state of our knowledge, however, it seems to me probable that these varieties are mainly owing to difference of idiosyncrasy for the time being in the patient, or to other inappreciable circumstances which modify the result. The opposite opinion has not, as yet at least, been demonstrated with anything like satisfactory clearness, as it is yet as far as ever from meeting with general acceptance. We have, therefore, as announced at the commencement of this paper, preferred to speak of this protean disease under a *generic* term, including all the varieties, rather than as several distinct affections. This is the more allowable because in homœopathic practice we select the remedy according to the symptoms that present themselves, and not according to any arbitrary nosological classification or name, nor yet according to any supposed pathological lesions which may exist, but which generally cannot be demonstrated till remedial measures are no longer of any avail.

Of the various lesions found after death the following proportions are given by Dr. Simpson: "Of 500 fatal cases of puerperal fever, recent inflammatory changes were noted in the interior of the uterus in 372 cases; in the veins of the

uterus, 349; in the peritoneum, 321; in the lungs and pleura, 202; in the lymphatics, 129; in the ovaries, 78; in the cellular tissues and muscles, 46; in veins other than uterine, 40; in the brain and its membranes, 23; in the spleen, 21; in the vagina and pudenda, 19; in the bones and joints, 18; in the kidneys, 17; in the stomach and bowels, 13; in the pericardium, 12; in the mamma, 7; in the Fallopian tubes, 5; in the bladder, 4; in the parotid gland and heart-substance, 3 each; in the endocardium, 2; and in the iris, tonsils, larynx and trachea, 1 each."

Before offering our suggestions for the treatment of this terrible disease, we will endeavor to point out such measures as are generally successful in its prevention. Prophylaxis, where practicable, is always better than cure, and especially so in the case of the malady that now engages our attention, which too often has progressed so far or assumed such a degree of violence before we are called in, as to baffle all our efforts.

We have already intimated that liability to this disease probably consists in *depressed vitality*. If this view be correct, then an important prophylactic measure will be, to see after our patient before her confinement, and adopt such measures, if necessary, as will bring her up to that period in the best possible state of health. She should be in a condition which we term *vigorous*, all the vital functions actively performed, and even the mind in the best possible tone, active and cheerful. This object will be more or less attainable in different cases, and, alas! in some not attainable at all. I need not attempt to enumerate the various means adapted to the object just stated. They will be suggested to the intelligent physician by the various circumstances of his patient.

Before confinement the physician should at least assist and advise in the selection of the lying-in room, so that as far as possible it may be well adapted to ventilation, proper and uniform temperature, etc. It will be well, as a general practice, where tedious labor is anticipated from rigidity of the soft structures, to require the patient to take *Actea racemosa* or *Macrotin* for some days before labor, or such other remedies as he may think indicated, for the purpose of relaxation.

When labor comes on, it should be conducted upon such principles as are best suited to avoid, as far as possible, all unnecessary extreme suffering, abrasions, lacerations, contusions and mechanical injuries of every kind. Extreme exhaustion should by all means be avoided by timely resort to

such means of assistance as the principles of our art require. After delivery, firm and persistent contraction should be secured so as to expel blood-clots or leave no room for their accumulation. I have thought Ergot, given in small doses during labor, promoted this object. Dr. Goodell advised placing the patient frequently over the chamber vessel as an efficient means for the expulsion of clots.

When the patient is properly put to bed, after delivery, a few drops of the tincture of Arnica diffused in a tumbler of water, should be administered in teaspoonful doses once in two hours, and if contusions are manifest externally, a stronger preparation should be applied. Dr. Zuingenberg, translated by Dr. Lilienthal, in the *Hahnemannian Monthly* for July, 1875, asserts that it is his uniform practice to prescribe Arnica internally and externally to women immediately after delivery, and since he has adopted this mode of treatment says he has met with no cases of puerperal fever. The translator avers that this has also been his experience, and I would add, it has been mine. The Arnica probably tends to this result by accelerating the healing of wounded structures before septic matter is formed, and thus presenting a barrier to its absorption, if afterwards produced. Or it may possibly act upon a principle to which we will just now advert.

After what we have already said, it would seem hardly necessary to warn the practitioner to avoid communicating the disease through any careless neglect of precautions on his part. If he have been so unfortunate as to have had a case of the disease, especially if his duties have required him to bring his hands in contact with the person, and more particularly with the discharges of the patient, he had better, if possible, for the time being, turn over his obstetric practice to another. The same precaution would be proper if he has had, recently, a bad case of erysipelas. But if this cannot be done, the utmost care should be taken to disinfect his hands, his person, and his clothing, or rather to entirely change the latter. Dr. Wynn Williams speaks very highly of Iodine as a disinfecting agent in reference to septicæmia—he uses it for cleansing the hands with great confidence—for disinfecting the clothing, for washing out the genital organs, etc. He affirms he has never had a case of puerperal fever since adopting its use, including a space of more than twenty years.

A very fruitful source of septicæmic matter, and therefore of toxæmic disease, as already intimated, is hæmorrhage, either

immediately following delivery, or secondary, occurring several days later. The contractile powers of the womb are thereby diminished, favoring the formation of clots within its cavity, and retarding their expulsion through weakness of that organ. They are liable to undergo decomposition, thus furnishing an efficient blood-poison, which is readily absorbed and carried into the partially emptied vessels, while the vital powers are depressed through loss of blood, the very condition constituting liability to toxæmic disease. In this state of things the poison should be removed as generated, by injections of warm water containing some disinfecting agent, such as Iodine in minute quantity, Carbolic acid, or whatever else may be best adapted to the purpose.

Toxæmic puerperal disease frequently occurs, especially in cities, in epidemic form. Of the nature of the epidemic influence we have no certain knowledge. It is truly "the pestilence that walketh in darkness." Of the part it plays in the production of disease, we are equally ignorant. Possibly, after all, it acts only as a predisposing cause, by reducing the vital force below the standard necessary successfully to resist the encroachments of the blood-poison, the latter, derived from some of the ordinary sources, serving under these favoring circumstances as the proximate or exciting cause of the disease. If this be so, although direct prophylactic measures may be unavailing against the action of the epidemic influence itself, those we have already proposed may still to some extent prevent its ultimate effects.

But a most important question here presents itself. Can we, by the administration of medicine, forestall the action of the blood-poison, and thereby prevent this terrible disease? Have we or have we not medicinal antidotes to the morbid agent which in this, as in other zymotic diseases, so often works destruction in despite of all our remedial measures? It has long seemed to me that a vast field of research in reference to this class of diseases lies before us, holding out the most tempting rewards to the successful explorer. Should some Gaspard enter upon it, no matter how obscure his residence or his name, he would doubtless lay the profession and the world under unspeakable obligations, and whether these should be gratefully acknowledged or not would practically be of little account.

It is plain to every one that when the blood becomes so contaminated, so changed in its constitution and character as

no longer to be adequate to the support of life, death is inevitable. To forestall and prevent this consummation should therefore be the great object of the physician, if he would save life. So far as we know, however, we cannot arrest this lethal process by throwing into the circulation an agent which is capable of seizing and destroying germs of blood-poison, or of causing the elimination of the altered blood-corpuscles, while it leaves behind the still unchanged portion to perform its function in sustaining life. Such power of selection in any medicinal agent is not to be expected. If we would therefore accomplish the object above stated, we must look for something that will act upon an entirely different principle.

Far-sighted men seem to discern a dawning light in this direction. At a meeting of the London Obstetrical Society, held April 7th, 1875, Dr. Richardson, in concluding his remarks, holds the following noble and suggestive language: "My impression is," says he, "that in the course of time we shall arrive at the discovery of certain agents which will immediately stop the action of septicæmous poison by their direct physical effect upon the blood and their influences in holding oxygen in combination with the blood. I have recently referred in another society to the effect of Quinine in this respect, but that is a bungling crude method of dealing with an agent that will act in such proportions as the ten thousandth or the hundred thousandth part of a grain so as to produce disturbance within the organism. So dealing with this matter of antiseptics, I should say, that if antiseptics, as they are called, that is, bodies which prevent putrefaction, are advanced as a means of curing these particular diseases arising from septicæmous poisons, their action is not because they are antiseptics (because other agents which are not antiseptics possess a similar property), but for the simple reason that they act on a given principle, and many of them act altogether in accord physically, and I might almost add chemically, in neutralizing the specific action of these poisonous agents; I mean antiseptics do not act by destroying germs or organic forms, but they act definitely by interfering with the poisonous action of the septicæmous material which produces the fatal disease. I predict that in ten years hence, in this Society, we shall see a means of preventing these diseases from septicæmous poisonings as clearly as we now see the means of producing them by the introduction of these poisons in the form of inoculated matter in small-pox by vaccination."

Looking back, we find in the *Medical Examiner* for Nov., 1848, a reference to Quinine as a prophylactic of puerperal fever. Several experiments with that drug are given, from which it would seem that the opinion advanced by the writer is not at least altogether unfounded. No theory of its action is given. Dr. Goodell, in detailing his treatment of lying-in patients, which he claims to have been unusually successful and remarkable for its exemption from childbed fever, when that disease was prevailing around him, speaks prominently of using Quinine as a prophylactic, but explains its efficacy upon a principle different from that which I have in view and wish to elucidate.

Recent observations made upon the action of Quinine would lead, as I think, to the conclusion that it produces changes in the constitution of the blood. The disease resulting from the protracted use of this drug, usually called cinchonism, seems to be in reality a blood-disease, and has as an essential element an altered condition of that fluid. This effect too appears to be produced independent of any change which the Quinine itself undergoes, for the latter seems to be eliminated to the emunctories unchanged, and in about the same quantity that had been taken. Now, if these statements be correct, it would appear that whatever change the Quinine may effect upon the blood, is effected not by adding any portion or element of itself to that fluid, nor by abstracting any principle by way of combination with itself from it, but simply by catalysis or action of presence, through which force its constitution is altered, its elements more or less extensively entering into new arrangements.

Now, if septicæmous poisons act upon the blood by catalysis, as we have attempted to show is probably their mode of action, then there may be and probably is a similarity between the latter and that of Quinine, and consequently the one is antidotal to and homœopathic of the other.

If we be thus far correct, we would go still further and say that according to the principle just stated, the whole class of remedies which act by catalysis upon the blood lie before us, from which we may hopefully select for the prevention and *even cure* of toxæmic puerperal disease, as well as zymotic diseases generally. That other articles of the *Materia Medica* besides Quinine are possessed of this power can hardly be doubted, and future investigations in this direction will, we think, fully demonstrate the fact.

But perhaps it may be objected that if the remedy itself is to act as a blood-poison, its therapeutic employment is simply to substitute another evil, and perhaps not a less one, in the place of that we desire to remove. To this it may be answered that any disturbance of health caused by the employment of a medicinal agent is generally far less permanent than that constituting natural disease. When the repetition of the agent is discontinued, its effect usually soon subsides. And still further in reply it may be said, that possibly the morbid agent and the remedy may simply neutralize each other's action, and as two antagonists "in fell encounter fiercely met," hold each other at bay till the organism so far rallies as to expel both from its portals.

The power of the catalytic force of one agent to arrest or suspend that of another, is recognized by Professor Dalton in his work on *Human Physiology*. In answering the question, "How is it that the gastric juice which digests so readily all albuminous substances should not destroy the walls of the stomach itself, which are composed of similar material," he gives the following reply: "The true explanation, however, we believe lies in this, that the process of digestion is not a simple solution, but a catalytic transformation of the elementary substances, produced by contact with the pepsin of the gastric juice. We know that all the organic substances in the living tissues are constantly undergoing, in the process of nutrition, a series of catalytic changes which are characteristic of the vital operations, and which are determined by the organized materials with which they are in contact and by all the other conditions present in the living organism. These changes, therefore, of nutrition, of secretion, etc., necessarily exclude for the time, all other catalyses and take the precedence of them. In the same way any dead organic matter exposed to warm air and moisture, putrefies; but if immersed in gastric juice at the same temperature, the putrefactive changes are stopped, or altogether prevented, because the catalytic actions excited by the gastric juice, take precedence of those which constitute putrefaction. For similar reasons the organic ingredients of the gastric juice which act readily on dead animal matter, have no effect on the living tissues of the stomach, because they are already subject to other catalytic influences which exclude those of digestion, as well as those of putrefaction."

I therefore fondly hope that further researches upon the action of remedies by catalysis upon the blood, will enable

us to forestall and prevent the development of the dreaded disease which has now engaged our attention. Every woman in childbed we may regard as possibly liable to an attack, and especially so if cases have recently occurred in the same vicinity. We have thus, so to speak, the "probabilities" signalled to us in advance that we may look out for and provide against the coming storm.

But to bring this paper, we fear already of unreasonable length, to a close, we cannot but express the further hope that where we have not had the opportunity of employing prophylactic measures, and where we are called to treat the disease in its earlier stages, we may still employ the class of remedies upon which we have so long dwelt, at least in many cases, with success. But it is only in the earlier stages that we can be sanguine of a favorable result. When the blood has undergone a certain amount of change, as we have already said, death is inevitable. But as we cannot always determine this point, we should not fail at least to give our remedies a faithful trial, and so doing we will doubtless save some who would otherwise perish.

MEETING OF THE HOMŒOPATHIC PHYSICIANS OF BERLIN.

TRANSLATED BY S. LILIENTHAL, M.D.

DR. SORGE related the following cases: A woman of thirty, who usually menstruates very copiously, caught cold during her menses, which stopped, and she was taken down with religious mania, constant restlessness, sleeplessness; she groaned constantly of Jerusalem, etc., and the county physician proposed sending her to an asylum. I asked for time, and prescribed *Platina met.* sixth trituration, in repeated doses. She took the remedy for six or seven weeks and was perfectly cured.

Mrs. Z., about sixty, thin, suffering from old swellings of the liver and spleen, complains of divers nervous pains, especially a pushing pain in the rectum, which sometimes becomes excruciating. She has lost all courage, and fears to die from cancer of the rectum, whereas a digital examination of the rectum and of the sexual organs reveals nothing abnormal. Ignatia did nothing, but *Platina*, seventh decimal trituration, relieved her greatly; but we do not know whether the cure will be permanent. (Hahnemann, *Chronic Diseases*, v.: Creeping tenesmus in the anus, violent dull stitches in the

forepart of the rectum, violent pressing in the rectum, without stool.)

Platina also made a favorable impression in two cases of oversensitiveness of smell. The late Veit Meyer relates a case where a woman, on account of a trifle, surely expected death, and bitterly weeping, took leave of her family. One dose of Platina, third decimal trituration, changed the whole aspect (l. c., "anguish as of death, sensation as if she would die soon, being horrified by this thought, great aversion to death, which she believes to be near"). [We had a similar hysterical sensation in a lady, suffering from a light erysipelas faciei; she also took leave of her children, exhorted her husband to join the church, wanted the people to join her in prayer, felt happy to join her Redeemer. A few doses of Platina^{2c} in water took the nervous excitement away.—S. L.]

Platina suits especially the female sex, women with copious and early menstruation, with depression of mind, a disposition to weep, and fear of death. A proud feeling with contemptuous turns can only be considered as an alternate action, which has been observed in solitary cases. (And yet in mental diseases these contemptuous turns are often the keynote to Platina.—S. L.).

Fischer differentiates between Puls. and Plat.; the former scanty and late menses, the latter especially indicated in mental depression from onanism.

Deventer calls Platina a remedy acting on the peripheric nerves, in opposition to Opium, which acts on the brain, or to Nux vom., which acts on the spinal cord. He praises the remedy in too frequent pollutions, or in epilepsy arising from onanism.

Træger recommends platina in oophoritis, especially during climaxis. Walz considers it an important gynæcological remedy; a few doses frequently cause a decided change in the female sexual organs. In sixteen or seventeen cases he succeeded with Platina in preventing abortion. It acts best in women who have had children, far less in virgins.

Fischer treated successfully a young man suffering from eczema pruriginodes in consequence of sea-bathing, with Schüssler's Kali chloratum; an emotional alteration suddenly set in, scolding and quarrelling alternating with sorrows over his own worthlessness. Belladonna^{2c} cured quickly.

Fischer asked for a remedy for female indifference to the

coitus. Deventer recommended *Borax* internally and in baths of about one and a half drachms to the bath.

Wendelband lately treated a severe case of necrotic faucial diphtheria. The child got well so that no further visits were considered necessary. Even on the following morning the report brought by the mother was favorable; but in the afternoon the child suddenly collapsed, with rattling in the chest, and died.

Maykender observed a case of faucial diphtheria with albuminuria; as soon as the fauces were better, diphtheria set in in the genital organs of the girl, which, destructively spreading, caused the exitus lethalis.

Deventer recommends *Strychnine*, sixth dilution, as an antidote to hypodermic injection of too large doses of Morphine and *Nicotine* in nervous asthma of children and women.—*Hirschel's Zeitschrift f. hom. Klinik*, 21, 1875.

WESTERN ACADEMY OF HOMŒOPATHY.

THIS association of homœopathic physicians, at its recent annual session, made the following appointments, and elected the following officers for the ensuing year:

Bureau of Materia Medica, Pharmacy, and Provings.—Dr. G. W. Foote, *Chairman*, Galesburg, Ill.; Dr. A. C. Cowperthwaite, Nebraska City, Neb.; Dr. L. D. Morse, Memphis, Tenn.; Dr. G. W. Bowen, Fort Wayne, Ind.; Dr. J. T. Temple, St. Louis, Mo.; Dr. J. Harts Miller, Abingdon, Ill.

Bureau of Surgery.—Dr. G. D. Beebe, *Chairman*, Chicago, Ill.; Dr. E. C. Franklin, St. Louis, Mo.; Dr. H. P. Button, Iowa City, Iowa; Dr. N. J. Du Puy, Iowa Falls, Iowa; Dr. W. D. Foster, Hannibal, Mo.; Dr. G. H. Blair, Fairfield, Iowa.

Bureau of Legislation, Registration, and Statistics.—Dr. George H. Blair, *Chairman*, Fairfield, Iowa; Dr. L. E. B. Hall, Marshalltown, Iowa; Dr. C. H. Cogswell, Clinton, Iowa; Dr. P. H. Worley, Davenport, Iowa; Dr. H. P. Button, Iowa City, Iowa.

Bureau of Obstetrics and Diseases of Women and Children.—Dr. R. H. McFarland, *Chairman*, Henderson, Ky.; Dr. T. C. Duncan, Chicago, Ill.; Dr. M. W. Porter, Davenport, Iowa; Dr. W. L. Hedges, Warrensburg, Mo.; Dr. A. E. Reiss, St. Louis, Mo.; Dr. A. M. Hoffins, Geneseo, Ill.; Dr. W. C. Richardson, St. Louis, Mo.; Dr. G. N. Seidlitz, Keokuk, Iowa.

Bureau of Clinical and Psychological Medicine.—Dr. J. Martine Kershaw, *Chairman*, St. Louis, Mo.; Dr. Philo. G. Valentine, St. Louis, Mo.; Dr. C. H. Cogswell, Clinton, Iowa; Dr. L. D. Morse, Memphis, Tenn.

Bureau of Ophthalmology and Otology.—Dr. C. A. Campbell, *Chairman*, St. Louis, Mo.; Dr. W. H. Woodyatt, Chicago; Dr. R. L. Hill, Dubuque, Iowa; Dr. A. E. Reiss, St. Louis, Mo.; Dr. H. R. Hopkins, Geneseo, Ill.

Bureau of Sanitary Science and Climatology.—Dr. T. C. Duncan, *Chairman*, Chicago, Ill.; Dr. M. M. Marix, Denver, Col.; Dr. S. R.

Huson, Lawrence, Kan.; Dr. A. E. Higbee, Red Wing, Min.; Dr. J. S. Bell, Cedar Falls, Iowa; Dr. C. H. Goodman, St. Louis, Mo.; Dr. P. B. Sparks, Decatur, Ill.

OFFICERS FOR THE ENSUING YEAR.

President, E. C. Franklin, M.D., St. Louis, Mo.

Vice-President, P. H. Worley, M.D., Davenport, Iowa.

General Secretary, J. Martine Kershaw, M.D., St. Louis, Mo.

Provisional Secretary, J. Harts Miller, M.D., Abingdon, Ill.

Treasurer, R. H. McFarland, M.D., Henderson, Ky.

Board of Censors.—R. L. Hill, M.D., Dubuque, Iowa; R. H. McFarland, M.D., Henderson, Ky.; H. P. Button, M.D., Iowa City, Iowa; G. W. Foote, M.D., Galesburg, Ill.; G. W. Bowen, M.D., Fort Wayne, Ind.

The Academy had a very pleasant and profitable session, at which a number of very valuable papers were read and discussed. Galesburg, Ill., was selected as the next place of meeting. Time, January 6th, 1876.

CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY.

SPECIAL MEETING.

A SPECIAL meeting of the California State Homœopathic Medical Society was held Friday evening, October 29th, in the parlor of the Y. M. C. A. building, 234 Sutter Street. The President being detained by sickness, the Vice-President, Dr. J. Murray Moore, took the chair, and called the meeting to order. The minutes of the annual meeting were read and approved.

Dr. W. C. F. Hempstead, of Marysville, was admitted a member of the Society.

Dr. F. Hiller then stated the object of the meeting to be to take some action concerning proposed legislation on medical affairs. He favored the provisions of a law already proposed by another society, with some modifications.

A preamble and resolutions were introduced by Dr. W. N. Griswold, which, after some amendments, were adopted, as follows:

Whereas, We, the members of the California State Medical Society of Homœopathic Practitioners, believe it gross injustice and inconsistency that the laws of the State should countenance and endow the ignorant and uneducated with the same immunities and privileges which others have won only at great expense of time and money.

Whereas, We believe the law should interpose and protect, on the one hand, the masses of the people from the operations of medical quacks and impostors, and, on the other, the legally qualified medical profession from ignoble competition with ignorant and unscrupulous pretenders.

Resolved, That we sympathize heartily with the movement now on foot, inaugurated by influential laymen, and supported by learned and respectable members of the medical profession, for the attainment of these results.

Resolved, That the members of this Society will unite cordially with any and all practitioners of medicine, graduates of colleges in good standing, of whatever school, to procure the passage of a law *just* to all concerned; but we will oppose placing the medical affairs of the State under the exclusive control of any single body of medical men representing but one school of medicine.

Resolved, That the President is hereby authorized to appoint a committee of seven, whose duty it shall be to co-operate with similar com-

mittees of other medical societies of this State, or to act alone, as the case may be, in determining such legislation as will meet the wants of the community, and at the same time secure our own as well as the rights and immunities of other bodies of legally qualified medical men.

In pursuance of the last resolution, the President appointed the following as members of said Committee: C. W. Breyfogle, of San José; W. C. F. Hempstead, of Marysville; Lester E. Cross, of Stockton; E. J. Fraser, W. N. Griswold, F. Hiller, and M. J. Werder, of San Francisco.

Dr. Fraser presented the draft of a law differing in some respects from the one proposed by another Society, which was discussed, but left without definite action.

Dr. Moore noted some amendments which he thought would increase the fairness and efficiency of the law proposed.

The Society then adjourned.

TENNESSEE STATE HOMŒOPATHIC MEDICAL SOCIETY.

At a convention of homœopathic physicians from different parts of the State of Tennessee, held in the United States Court room, at Nashville, December 1st, an organization was effected, called the Homœopathic Medical Society of the State of Tennessee.

Its officers for the first year are:

President, J. P. Dake, M.D., Nashville.

Vice-Presidents, L. D. Morse, M.D., Memphis; E. H. Price, Chattanooga.

Secretary, E. R. Smith, M.D., Nashville.

Treasurer, T. E. Enloe, M.D., Nashville.

Censors, R. M. Lytle, M.D., Nashville; C. R. Doran, M.D., Nashville; H. Falk, M.D., Nashville.

The Society has elected delegates to the World's Homœopathic Convention, which meets in Philadelphia, June 26th, 1876.

EDITORIAL NOTES.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—The annual meeting of this society, held October 13th and 14th, at Pittsburg, Pa., was in every respect a success. It was presided over by Dr. Joseph E. Jones, of West Chester, Vice-President, the President being absent. An unusually large number of interesting and valuable papers were presented by the bureaus, the most important of which will appear from time to time in this journal. The annual oration was delivered by Dr. James H. McClelland, of Pittsburg, his subject being "The Mind." It was a very able address, reflecting great credit on the talented orator, and elicited the warmest encomiums from those who had the pleasure of hearing it. The State Society has always a "good time" when it meets at Pittsburg, for the doctors of that city and its vicinity are so full of a very proper *esprit du corps* (so conspicuous in some other places by its absence) that they take every pains to secure a good attendance, and are themselves so sociable, genial, and friendly, that all who visit them once are glad to go again.

NEW YORK OPHTHALMIC HOSPITAL.—The following tabular statement exhibits the amount of business done at this excellent charity during the past six months, according to the monthly reports furnished by Dr. Alfred Wanstall, Resident Surgeon.

	June.	July.	Aug.	Sept.	Oct.	Nov.
Number of prescriptions.....	2560	2480	2427	2361	2467	2234
“ new patients.....	282	291	286	290	307	232
“ patients resident in the hospital...	37	30	27	26	30	27
Average daily attendance.....	98	95	93	91	95	93
Largest “ “	136	145	136	132	145	133

For the year ending September 30th, 1875..

Number of prescriptions,	. . . . .	28,401
“ new patients,	. . . . .	3,898
“ patients resident in the hospital,	. . . . .	135
Average daily attendance,	. . . . .	94
Largest “ “	. . . . .	183

A PRIZE FOR A PROVING.—The Essex County (Mass.) Homœopathic Medical Society will give to the physician or student who will make or procure the best, or second best, proving of a remedy furnished by the Society, a prize of one hundred one and one-half drachm vials of liquid medicines of the 30th, 200th, or higher dilutions, selected from a collection of about eight hundred proven remedies. Information and medicine for proving furnished by Drs. L. Whiting (Danvers, Mass.), S. M. Cate (Salem, Mass.), or A. M. Cushing (Lynn, Mass.).

“HOMŒOPATHIC LIFE INSURANCE.”—Under this caption we wish once more to call the attention of the profession to the importance of sustaining in every way the life insurance company that claims, and very justly claims, to be a part of the machinery of the homœopathic school of medicine in this country. The Homœopathic Mutual Life Insurance Company of New York professes to be able to insure the lives of those who use homœopathic medication at a lower rate than it can or does insure those who use allopathic medication. This is a bold stand taken in favor of homœopathy, and time and statistics well show whether it was safe and warranted. But however skeptical one may feel as to the actual truth of this assertion of the superiority of homœopathic treatment, the mere fact that the company makes the assertion, and “backs it up” with money and business energies is a strong, a very strong argument, especially with business men and laymen, in favor of homœopathy. And in addition to this, the company mentioned above is doing, through its officers, agents, numerous and telling publications, good management and sound financial exhibit, a grand missionary work, so to speak, for homœopathy, that benefits directly and indirectly every practitioner of our school in

the land; gives him a powerful weapon in the conflict with opposing schools; strengthens his hands with those who have already given in their adherence to the system of Hahnemann as the safest, quickest, and pleasantest practice of medicine, and paves the way for his introduction to new fields and the making of new converts. Every physician, if he takes time to reflect, will see and feel the truth and force of these remarks. And while a badly managed and disreputable company might do absolute injury to the cause, and make us feel more like strangling than sustaining it, yet for the New York organization, of which we are so justly proud, too much good work cannot be done by the practitioners of homœopathy towards making it a grand success. As an evidence of the sound basis upon which this company rests, and of the character of its "risks," we may mention that in 1875, as in 1874, the interest receipts paid all death-losses and more. This speaks well for the examiners of the company, and shows a good selection of even homœopathic risks.

A NEW DEPARTMENT IN THE HAHNEMANNIAN MONTHLY.—At the solicitation of a number of readers of this journal, we will establish (commencing with the January number) a new department, to be called the "BUREAU OF INQUIRY." The object of the department will be to answer the questions of correspondents. Those who wish for information on any points in medicine or the collateral sciences, by addressing a brief and plainly expressed question to the editor (see first page of cover), will receive through this journal a reply prepared by a competent person. All replies without signature will be known as those of the editor. The editor reserves the right to rule out all inquiries that he may deem unimportant or improper.

A TREATISE ON DISEASES OF THE EAR.—The profession are informed by Boericke & Tafel's *Bulletin*, that a work on diseases of the ear and their treatment, by Prof. Henry C. Houghton, of New York, is now in press, and will shortly be issued. Dr. Houghton's work will fill a want long felt in our school for a reliable, practical, and scientific treatise on diseases of the ear and their treatment, especially their treatment by homœopathic medication. That Dr. Houghton's work will be of this character, none who know that gentleman can doubt. We shall look for its appearing with the feeling that our expectations as to its value will be fully realized.

PERSONALS.

REMOVAL.—Dr. John E. James has removed his office and residence from 1013 Green Street to the northwest corner of Tenth and Green Streets.

MARRIED: JAMES—SINN. John E. James, M.D., to Ella S. Sinn, daughter of the late Davis N. Sinn, Esq., all of Philadelphia.

HILLER—LADD. D. A. Hiller, M.D., to Sadie Loring Ladd, all of San Francisco, Cal.

WORCESTER—GREEN. Fitzwilliam S. Worcester, M.D., of Peabody, Mass., to Nellie A. Green, of South Paris, Me.

DIED.—George A. Evans, M.D., of Camden, N. J., died at that place, of diphtheria, on November 4th, ultimo. He was a graduate of the Hahnemann Medical College of Philadelphia, of the class of 1874. He was a good student, and an excellent man. He fell a victim to disease contracted while in the discharge of his duty.

PUBLICATIONS RECEIVED.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, designed for the use of practitioners and students of medicine. By Austin Flint, Jr., M.D., etc. Illustrated by three lithographic plates and three hundred and thirteen woodcuts. *New York*: D. Appleton & Company, 549 and 551 Broadway, 1876. Pp. 978.

This magnificent royal octavo volume will be gladly welcomed by a large class of practitioners, and should be welcome to all medical students. The author has made his name famous in connection with the subject of physiology, not only as an original experimenter, an unusually careful compiler, and an elegant writer, but more particularly for his clearness of style, and for the charm he throws about the, generally considered, *dry* subject of physiology; which, notwithstanding its very great importance in the study of medicine, is usually regarded by the average medical student as a "terrible bore."

Dr. Flint's large work on Physiology, in five volumes, is, and must for a long time, remain the standard treatise on the subject; but its extent and its price put it almost beyond the reach of students. The present volume may be said to be an abridgment of these five volumes, containing all that is essential to a good knowledge of the subject, although the matter is more briefly stated. But the author gives an excellent account of his text-book in the preface to the volume, and we cannot do better than to quote therefrom. He writes as follows:

"In preparing this text-book for the use of students and practitioners of medicine, I have endeavored to adapt it to the wants of the profession, as they have appeared to me after a considerable experience as a public teacher of human physiology. My large treatise in five volumes is here condensed, and I have omitted bibliographical citations and matters of purely historical interest. Many subjects, which were considered rather elaborately in my larger work, are here presented in a much more concise form. I have added, also, numerous illustrations, which I hope may lighten the labors of the student. A few of these are original, but by far the greatest part has been selected from reliable authorities. I have thought it not without historical interest to reproduce exactly some of the classical engravings from the works of great discoverers, such as illustrations contained in the original editions of Fabricius, Harvey, and Asellius. In addition, I have reproduced a few of the beautiful microscopical photographs taken at the United States Army Medical Museum, under the direction of Dr. J. J. Woodward, to whom I here express my grateful acknowledgments. I have also to thank M. Sappey for his kindness in furnishing electrotypes of many of the superb engravings with which his great work upon anatomy is illustrated.

"My work in five volumes was intended as a book of reference, which I hope will continue to be useful to those who desire an account of the literature of physiology, as well as a statement of the facts of the science. I have always endeavored in public teaching, to avoid giving undue

prominence to points in which I might myself be particularly interested, from having made them subjects of special study or of original research. In my text-book, I have carried out the same idea, striving to teach, systematically and with uniform emphasis, what students of medicine are expected to learn in physiology, and avoiding elaborate discussions of subjects not directly connected with practical medicine, surgery, and obstetrics. While I have referred to my original observations upon the location of the sense of want of air in the general system, the new excretory function of the liver, the function of glycogenesis, the influence of muscular exercise upon the elimination of urea, etc., I have not considered these subjects with great minuteness, and have generally referred the reader to monographs for the details of my experiments."

The work is divided into twenty-eight chapters. Chapters I, II, and III are devoted to a consideration of the Blood, its Circulation, the Action of the Heart, and the use, action, and circulation of the Blood in the Veins and Arteries. These chapters are very full, and contain within their sixty-four pages, the essentials of a knowledge of the physiology of the circulation. Chapters IV and V treat of Respiration, Respiratory Movements, and the changes which the Air and the Blood undergo in Respiration; Chapters VI, VII, VIII, IX, and X are devoted to the Physiology and Phenomena of Alimentation, Digestion, Mastication, Insalivation, Deglutition, Stomach Digestion, Intestinal Digestion, Defecation, Absorption, Lymph, and Chyle; Chapter XI treats of Secretion; Chapter XII, of Excretion by the Skin and Kidneys; Chapter XIII, of the Function of the Liver; Chapter XIV, of the Ductless Glands; Chapter XV, of Nutrition, Animal Heat; Chapter XVI, of Movements, Voice, and Speech; Chapters XVII, XVIII, XIX, XX, and XXI treat of the Nervous System under the following headings: Physiological Divisions, Structure, and General Properties of the Nervous System, Spinal Nerves, Motor Cranial Nerves, Sensory Cranial Nerves, Functions of the Spinal Cord, and the Encephalic Ganglia; Chapter XXII is devoted to the Sympathetic Nervous System and Sleep; and Chapters XXIII, XXIV, and XXV comprise the Special Senses, Touch, Olfaction, Gustation, Vision, and Audition; Chapter XXVI treats of the Organs and Elements of Generation; Chapter XXVII, of Fecundation and Development of the Ovum; and Chapter XXVIII, the last chapter of the work, considers Fœtal Life, Development after Birth, and Death,—Death, "last scene of all that ends this strange eventful history."

The three full-page plates are finely executed. Plates I and II are after Haeckel, and represent the Germs of Embryos of four Vertebrates, at various periods. Plate III, after Erdl, represents the Human Embryon at the ninth and twelfth weeks. The large number of woodcuts which embellish the work are superbly executed, and well merit the praise accorded the publishers by the author.

In the limited space to which our book notices must necessarily be confined, justice can hardly be done to works of this character and importance. We can only say, after going over the volume very carefully, that we unhesitatingly commend it to practitioners and students, as the hand-book of physiology *par excellence*, and believe that it will take the place of the text-book in all medical colleges.

Appleton & Company being the publishers, it is almost superfluous to add that the paper, printing, and binding, as well as the illustrations, are of the very best quality, and they have certainly spared nothing in carrying out the author's views. A very copious index closes the volume.

On sale by the publishers, and by J. B. Lippincott & Co., Philadelphia.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, January, 1876.

No. 6.

PATHOLOGY OF HÆMORRHAGES AND THEIR HOMŒOPATHIC TREATMENT.

BY H. N. GUERNSEY, M.D.

(Read before the Philadelphia Homœopathic Medical Society.)

It is our intention in the present paper to, as the title indicates, give the "pathology of hæmorrhages and their homœopathic treatment." And though in treating of this subject, we do not refer directly to surgical hæmorrhages, such as are induced by mechanical injuries, we would by no means lose sight of the important part our remedies frequently play in subduing these according to the law of the similars. We wish to show how and why hæmorrhages occur from internal causes, and what is the proper method of their cure.

What is the pathology of hæmorrhages? To the homœopath only is the reply to this question vouchsafed. Hahnemann in his *Organon* tells us, and we shall quote his words in explanation of their true pathological phenomena, understanding *pathology* to mean *science of life in disease*. His words are indisputable and incontrovertible, and are as applicable to one form of disease as to another, are as applicable to a hæmorrhage as to a fever, a diarrhœa, or a constipation. Health is a state in which all the internal and external functions of the organism are exerted with regularity and harmony. Disease is an opposite state to that of health, and a hæmorrhage being an irregularity, and a departure of harmony from the normal state of the organism, is consequently, while it lasts, a disease, and is to be considered in the same light as any other functional disturbance.

Etiology.—Bearing this well in mind, we will refer first to Hahnemann's *Organon*, § 72. "The diseases of mankind resolve themselves into two classes. The first are rapid operations of the vital power departed from its natural condition, which terminate in a shorter or longer period of time, but are always of moderate duration. These are called *acute* diseases. The others, which are less distinct, and often almost imperceptible on their first appearance, seize upon the organism, each according to its own peculiar manner, and remove it by degrees so far from the state of health that the automatic vital energy which is destined to support the latter, and which is called vital power, cannot resist but in a useless and imperfect manner, and not being potent enough to extinguish them herself, she is compelled to allow them to grow until, in the end, they destroy the organism. The latter are known by the appellation of *chronic* diseases."

In the foregoing we have only to substitute the word *hæmorrhages* for diseases, and we have the gist of their pathology. In no other way do hæmorrhages (non-surgical) occur than as stated above. They are the effect of a *departure of the vital power* from its natural condition or state of health. The hæmorrhage itself, the flow of blood with the concomitant symptoms are, we repeat, only the *effects* of the disturbed dynamic power, the outcropping of some disordered condition of the internal economy, so exciting the dynamic forces as to cause a rush of blood to a part and the capillaries to yield to the undue pressure. A slight flush of the cheek even, is, so far, a step toward a hæmorrhage.

Definition.—"By the term hæmorrhage, then, is understood the escape of blood from bloodvessels. If this discharge takes place from open surfaces or from organs communicating with the atmosphere, the simple word '*hæmorrhage*' is used. When it occurs within cavities of the body, we have '*internal hæmorrhage*.' When the discharge of blood is not very great and remains beneath the surface '*extravasation*' is produced. When the blood flows '*per saltum*,' or in a jetting stream, and is bright-red, we recognize the characteristics of '*arterial hæmorrhage*,' and when it is of darker color and a more continuous flow, the hæmorrhage is said to be '*venous*.' An arterial hæmorrhage may occur in which the blood does not flow '*in jets*.'"—*Helmuth*.

Causes.—Hæmorrhages arise from some pernicious cause which has been in some way induced. Immoderate excess in

either eating or drinking, an excessive use of drugs, a want of necessary aliment, violent impressions of physical agents, cold, heat, fatigue, mechanical injury, mental excitement, etc., are the most frequent causes.

Organon, § 73. "But for the most part, as in all other diseases, they depend upon the occasional aggravation of a latent psoric affection." The presence of this "psoric affection" frequently is known by the manifestation of a so-called hæmorrhagic diathesis.

We will here draw attention to the terms *Hæmorrhagic diathesis* and *Purpura hæmorrhagica*, mentioning their characteristic pathological differences, but not making any difference in their therapeutics. By the former term we mean a predisposition to hæmorrhage more profuse than its occasion would seem to warrant, which is produced by the most trivial cause, or may even occur without any assignable cause. The predisposition may be hereditary or congenital, or it may result from a want of suitable nourishment, of pure air, of sufficient exercise, of pure water, etc. This diathesis is more common in the earlier years of life, gradually disappearing with advancing age. In a person so afflicted we find symptoms of a scorbutic nature.

Purpura hæmorrhagica, or *Morbus maculosus*, is recognized by the appearance of numerous small purple spots or blotches under the skin, which generally show themselves upon the extremities and body. While the first set of petechiæ are passing through the blue and green stages, new blood-red ones make their appearance. Epistaxis, hæmatemesis, hæmaturia, and bloody fæcal discharges are of frequent occurrence. This disease presents symptoms analogous to those of scurvy, and is found in feeble and debilitated persons among convalescents from severe illness, among those dwelling in damp and unwholesome lodgings, etc. Great debility and depression of spirits are usually concomitant. This disease not infrequently terminates in dropsy.

Symptoms.—When the flow of blood is external the case is plain enough, and even when the hæmorrhage is concealed its effects are so pronounced that a diagnosis is easily made. The most marked and characteristic symptoms are, more or less pain at the seat of injury, coldness of the skin, excessive pallor, pulse quick and feeble, yawns, sighs, dyspnœa, restlessness, retching and vomiting, noises in the ears. In very desperate cases we find the appalling symptoms "ashy pale-

ness of the face, the pinched nose, the blanched and drawn lips, the icy brow, the clammy skin, the intense nausea, and that hazy vacancy that gradually steals over the eye, together with the absolute depression of all those forces which render us cognizant of the great world without."

Forms.—We meet in our practice with hæmorrhages from any part of the body, as epistaxis, hæmatemesis, hæmoptysis, hæmaturia, metrorrhagia, etc. They appear in two forms, active and passive.

The active, resulting from rapid operations of the vital power departed from its natural condition, is where the blood flows freely and in streams, or is profuse in quantity. This form often bursts upon us with such terrible suddenness as to well-nigh paralyze brain and nerve, coming as though a mighty stream had burst its flood-gates, and was bent upon bearing off on its devastating tide the life we little thought would so soon be in such jeopardy. This hæmorrhage may be any one of the above mentioned, or it may be post-partum. Frightful as these hæmorrhages appear, to the careful homœopathic prescriber, to him who studies well his *Materia Medica* and who closely individualizes, to such a man there need be but little fear. Concerning this form of hæmorrhage, *i.e.*, the active, it may be well to refer to the *Organon*, § 152. "The more intense an acute disease, the more evident and numerous are its symptoms, while at the same time it is also easy to discover suitable remedies."

Passive hæmorrhages, "which are less distinct, and often almost imperceptible on their first appearance," consist of slow and irregular discharges, generally emanating from the capillary vessels. These passive hæmorrhages and even extravasations should always be regarded with distrust. The gradual flow of blood into the meshes of a tissue is serious. If it take place within the eye, blindness may ensue; if within the cardiac structures, imminent peril results; if within the brain, coma and death may supervene, etc.

Treatment.—*Hygienic.* We must insist upon entire quiet on the patient's part, both mental and physical, and on the quietness of his surroundings. A slight motion, a sudden noise, quick word or unguarded action might so excite and disturb the patient as to cause a decided aggravation, or a recurrence of the flow. His room should be well ventilated, and inclining more to coolness than to warmth, a temperature of 65° F., or thereabout, being usually correct. *Rest in the*

recumbent position is very important. Cool drinks, as pure cold water, lemonade, iced tea, etc., may be allowed, but no stimulants.

Therapeutics.—The treatment for hæmorrhages must be upon the same principle as for any other pathological condition, recognizing in the character of the flow, in the many phases it may assume, in the concomitant symptoms that may appear, only sure and certain indications pointing directly to, and loudly calling for, the homœopathic remedy. I will here mention some of the rémédies most commonly needful, and for a more comprehensive treatise refer to my work on *Obstetrics*, and to our all-important *Materia Medica*.

Acon.—For hæmorrhages occurring particularly at night, or if superinduced by a fit of anger, or by a fright; patient can't lie on either side, and either is really worse or is made to feel worse from rising; the flow is constant and coagulates into a mass. Thirst, dry skin, restlessness, dark hair, plethoric habit, particularly applicable to young people. Mental condition is very important, and is a state of fear that allows no peace of mind; fear of death, fear of moving, of turning, of rising, lest something may happen, lest the hæmorrhage may get worse, etc.

Arg. nit.—Where *belching of wind affords marked relief* of suffering. Observed particularly in hæmoptysis. Should feel justified in administering it in any kind of hæmorrhage, provided this symptom was the most characteristic in the case.

Arnica.—Where the bleeding is caused by *injury, concussion, fatigue*, etc. Patient feels a soreness as from a bruise in the part whence the blood issues. Hot head and cool body. Pain causes a rush of blood to the head, which feels very hot to the patient. Bleeding constant and bright-red. Mind sensitive.

Bell.—In uterine hæmorrhage, when there is a forcing or bearing-down sensation, as if the abdominal contents would be pressed out of the vagina, with loss of blood. Blood coagulates easily, and feels hot to the parts through which it passes; congestion to head, to eyes, and to eyeballs, which are red; flushed face. The sufferer can't bear the least jar of the floor, of the chair sat on, or of the bed laid upon. If it be post-partum, the mother can't bear to have the infant in bed with her patted, on account of the jar thereby produced. One feels transfixed; wishes to drink little and often; wishes to be covered warmly, and even then may have cold thrills pass through the body. Feels worse, or actually is worse, in the

afternoon and evening; from a draught of air; from rising; from suppressed perspiration; from pregnancy, or after parturition; in plethoric people with red faces; least motion aggravates; worse from light and noise; better when keeping perfectly still.

Calc. carb.—Leucophlegmatic temperament; light hair; head and upper part of the body perspire freely. Females menstruate too profusely and too often; in women with the above characteristics, if, after abortion or parturition, they flow too much or too long. Also in hæmorrhages, pulmonic, from the stomach, from the anus. Feels worse, or really is worse when the limbs hang down, even in bed, wishing to keep them drawn up; from lying on either side; from light; from cold water, whether in washing or drinking; from cold air. Patient feels better in dark rooms; from having the limbs drawn up; from being rubbed; loosening the garments; from warmth, and on being covered up warmly.

Canth.—Hæmaturia; also hæmorrhage from any part, if attended with cutting and burning pains during micturition.

Carbo veg.—In desperate cases, almost in state of collapse. Skin is dry, cold, and bluish; patient wishes to be fanned hard and continually; anguish of heart; blood bright-red; rigid fibre; cold breath; pulse weak and irregular.

Cham.—The mental symptoms are very prominent, and are marked by spiteful irritability; can hardly return a civil answer; snappish and cross. Blood dark, and is more or less clotted; desire for air; is thirsty; restless and distressed; urine pale and profuse. Feels worse, either real or imagined, in the night; from warmth; from anger; from eructations; when lying on painless side; while perspiring; during sleep; from coffee; from pregnancy; parturition. Feels better while fasting.

China.—Ringing in the ears, as of bells; fainting spells. Pulse irregular, flickering, imperceptible. Skin cold and clammy; unconscious. Worse periodically; in the night; after drinking; whilst talking; after perspiring; from touching the parts softly.

Crocus.—The blood forms into long black strings as it escapes from inner parts; sensation of rolling and bounding in the abdomen, as of a foetus; worse in the morning; on fasting; in the house; during pregnancy. Better in the open air; after eating.

Ferrum.—Great erethism of the circulation, red face, and full pulse. Blood partly fluid and partly clotted, black,

with labor-like pains in the abdomen. Hæmatemesis; hæmoptysis; epistaxis; blood from the anus. Feels worse in the night, particularly after midnight; from fat food; from abuse of Peruvian bark. Very weak, though having flushed face and full pulse.

Hyos.—A constant flow of bright-red blood, with bluish face; congested eyes; twitching of the muscles; delirium; unconsciousness. Patients feel worse in the evening; from mental affections; jealousy; unhappy love; from taking cold. Better on stooping over or leaning forward.

Ipecac.—Constant flow of bright-red blood; constant nausea; pain about the umbilicus; cold skin; cold sweat; suffocating spells and dyspnœa. Worse periodically; from vomiting; from coughing; from suppressed eruptions; after eating veal. Hæmorrhage may have been produced from taking Peruvian bark at some past time.

Kali carb.—One of the best of remedies for post-partum hæmorrhages. Chiefly in post-partum hæmorrhages; also in threatened abortions between second and third months, accompanied by pain in the back, extending down over the buttocks. Hæmorrhages attended with stitching pains. Worse after vexation; after being overheated; from lying on the side. Better from warmth; from eructations.

Lach.—Always when blood can be discerned like black straws as a sediment, whether from the uterus, bowels, nose, stomach, lungs, or at the bottom of an ulcer. Often useful in typhus, when hæmorrhages occur. At the climacteric period. Paroxysms of pain in the right ovarian region, relieved by gushing of blood from the vagina. Chills coming on at night as an accompaniment to bleeding.

Lycopod.—Hæmorrhages accompanied with a sensation of fulness up to the throat, and taking food or drink, even in small quantity, increases that feeling of fulness. Borborygmi, and a constant sensation of fermentation in the abdomen; flushes of heat; desire to be fanned continually day and night; desire for more air; has palpitations and dyspnœa. Cutting pains from right to left in the abdomen; can't lie on either side.

Merc.—Epistaxis; hæmorrhages of old women after the climacteric period is passed. Hæmaturia in typhus, etc. Suitable for light-haired persons with lax skin and muscle. Moist mouth and tongue, with thirst, rarely indicated with the reverse condition. Foot-sweat scentless. Mental symp-

toms are of serious and anxious character. Blood light. Scorbutic condition of the gums.

Nitr. ac.—Bleeding from the uterus, with pain in the back, extending down through the hips into the legs, and pressure as if the uterus would be forced down and out of the vagina. Epistaxis, hæmoptysis, etc.; one of the best remedies for bleeding from the bowels. Chiefly indicated in dark-haired persons; skin and muscle rigid; no thirst; foot-sweat fetid. Mental condition of distrust. Blood dark.

Nux vom.—One of the most reliable symptoms is a frequent urging to stool, with sensation as if fæces still remained in the rectum which the patient desires to expel. Indicated in persons indulging in rich food; of sedentary habits; constipation; dark hair. Worse at and after four o'clock A.M.; in cold air; after spirituous liquors. Better in warm air, lying on the side; in loose garments; after passing wind.

Phos.—Suitable for tall, slim persons, with black hair; menses too often; too profuse; lasting too long. Empty feeling in abdomen; costive, stool being very slim and dry, and voided with difficulty. Worse lying on left side or on the back; from warm food and warm drinks. Better lying on right side; from cold food and cold drinks; from being rubbed; after sleep. *Small wounds bleed profusely*; erectile tumors.

Plat.—Blood flows in black clots and fluids or in one grumous mass, thick, black, and tarry. Feeling of horror at what may happen; of horror at thought of death, etc.

Puls.—Here the temperament usually decides; mild, gentle, and easily moved to tears; can't bear a close, warm room, but must have plenty of cool air. The flow is intermittent, and is in clots and fluid mixed.

Sabina.—Pain runs from sacrum to pubis, and the flow is worse at every paroxysm of pain. Clots and fluid, may be dark-red or pale. Often called for during *third* month of pregnancy; also after parturition. Worse in close, warm room. Better in open air.

Secale corn.—Passive hæmorrhage, blood dark or red, in feeble cachectic persons, accompanied by tingling in the limbs and prostration. Desire for air; does not like to be covered; wishes to have the limbs extended; skin cold.

Sepia.—Where there is plethora, or congestion to the part, accompanied by a sensation of weight. Pain in the right groin; fine darting pains in the neck of the uterus from be-

low upwards; sensation of weight in the anus; empty feeling in the pit of the stomach. Worse from nursing. Feels better from drawing up the limbs. Disposition to abort from the fifth to the seventh month of pregnancy.

Sul.—Sensation of heat in any part, either prior to or as well as during the bleeding; whether from the lungs, nose, uterus, rectum, etc. Usually feels worse when warm in bed, or when exposed to heat, as of the fire, of the sun, etc. Gets sick soon, and soon gets well again.

The differential diagnosis of the above remedies is very easily made, and if the physician has a good general idea of their pathogeneses, the choice need not occupy much time. I will state the point of difference in each remedy that helps to decide me in my choice, and I very rarely fail to obtain the desired result at once, and without a second selection. Changes in the patient's condition and symptoms without a continued progress toward a cure, of course sometimes require another selection.

Acon.—This remedy differs from every other in its mental symptoms, restless anxiety, etc.

Arnica.—Injuries, fatigue, hot head and cool body.

Arg. nit.—Belching of wind affords a marked relief of all the symptoms. Observed particularly in hæmoptysis.

Bell.—The hot blood, forcing pains, sensitiveness on being jarred, bounding pulse, congested eyes, throbbing carotids.

Calc. carb.—In persons of leucophlegmatic temperament.

Canth.—The urinary symptoms.

Carbo veg.—Desire to be fanned, hard condition of the skin, rigid fibre.

Cham.—Spiteful and irritable temper, blood dark.

China.—The ringing in the ears, condition of the pulse, cold and clammy skin.

Crocus.—Blood forming into long, dark strings.

Ferrum.—Red face, full pulse, very weak.

Hyos.—Twitching of the muscles, blue skin, delirium.

Ipecac.—Constant flow of bright red blood.

There is no other remedy in the *Materia Medica* in which the abnormal state of the vital power is so manifested in the desire to throw out every drop of the vital fluid from itself as in *Ipecacuanha*.

Kali c.—Hæmorrhages, accompanied by sharp, stitching pains. Post-partum hæmorrhage with these pains.

Lach.—Appearance as of charred straw as a sediment in

the blood discharged, or at the base of bleeding ulcers. I recently had a case of supposed hemoptysis, auscultation and percussion affording no evidence of lung trouble. I looked into the pharynx, and far down I saw an ulcer filled with the above-described sediment. Lach. 100^m, one dose, cured the case promptly and entirely.

Lycopod.—Sensation of fulness up to the throat. Desire for constant fanning and for more air. Flushes of heat; can't lie on either side; borborygmus and sensation of fermentation in the abdomen. Not long since I had a case of uterine hæmorrhage, with the following symptoms: The blood flowed in paroxysms; each paroxysm was preceded by a gurgling in the left hypochondrium. This gurgling soon seemed to descend into the abdomen, producing a great fermentation, which in turn would soon be followed by a hæmorrhage from the vulva, and would last for hours. Lye., 100^m, one dose, produced marked and immediate relief, and in thirty-six hours she was well.

Merc.—Hæmorrhage of females after the climacteric period. Epistaxis in light-haired persons, with lax skin and muscle.

Nitr. ac.—The peculiar bleeding from uterus. Epistaxis, or hæmorrhage from the bowels in dark-haired persons, with tight fibre and muscle.

Nux. vom.—Symptoms of the rectum.

Phos.—Small wounds or orifices bleed profusely; tall, slim persons, with black hair. Weak, empty feeling in abdomen.

Platina.—The flow appears in a grumous, black mass. Patient feels *horrified* at what may happen.

Puls.—Flow intermits; tearful and gentle disposition.

Sabina.—Pain is felt running through from pubis to sacrum in uterine hæmorrhage. Blood is discharged in liquid and clots.

Secale c.—Passive hæmorrhage in feeble and cachectic women. Does not want covering.

Sepia.—Sensation of weight in the part from which the blood flows.

Sulphur.—Sensation of heat in the part from which the blood flows.

LEUCORRHŒA AND ITS TREATMENT.

BY H. AMELIA WRIGHT, M.D.

(Read before the Hahnemann Academy of Medicine.)

THE frequency with which every practitioner is called upon to prescribe for this symptom, gives it a prominence amounting in appearance to a disease *per se*. While I would not be understood as so considering it, I do expect, as a homœopath, to prescribe for and effectually treat this symptom, with its concomitants, without necessarily diagnosing the disease which may be its cause. My object in bringing the subject before your notice this evening is to give my experience in favor of constitutional treatment and hygienic measures, discarding topical applications, and making examinations either digital or with speculum the *exception*, not the rule.

In this manner I have treated successfully over two-thirds of the cases coming under my care. My failure with the remainder may be attributed to my imperfect knowledge of *Materia Medica*, the lack of patience on the part of those being treated, or to the fact that all disease is not amenable to treatment. Undoubtedly diseased conditions of the uterus, vagina, or surrounding tissues and organs, do exist where leucorrhœa is an attendant symptom, which necessitate examination for the purpose of diagnosing and surgical treatment for cure. These are the exceptions to which I have before alluded. The cases I cite as specimens are such as are commonly met with, and probably by most homœopathic physicians would have received similar treatment; but the fact that local applications have recently been the subject of discussion, prompts me to give my experience without their use.

CASE 1.—Miss F. came to this city for treatment April 23d, 1875; 19 years of age; slight and of small stature; gray eyes, brown hair, clear complexion. Has had leucorrhœa for seven years; discharge is thin, bland, profuse, and constant. Subject to severe headaches since 12 years of age; sometimes two attacks during the week. The headache is lateral, preceded by vertigo, and often accompanied by nausea and vomiting; wakes with it in the morning. Putrid taste; no appetite; dislikes bread; continual thirst; of constipated habit. Excessive palpitation of heart, caused by slight exertion or grief; awakened in the night by it. Bellows sound of heart; cannot lie on left side; catamenia irregular; periods of from three to five or six weeks' interval. Dysmenorrhœa;

pain in sacral region, with dragging sensation. Exhausted tired feeling all the time; limbs tremble; cannot sleep before midnight. Vivid, frightful dreams; dreams of robbers. *Nat. mur.*, 2°.

May 5th.—Feels something stronger. Tongue dry, leucorrhœa worse in the morning when walking. *Nat. mur.*, 1^m.

May 29th.—Menstruated on 26th instant, giving an interval of twenty-eight days since last period. Headache less severe than usual. Over two weeks since last attack of headache. *Nat. mur.*, 1^m.

June 2d.—Severe headache with nausea on 31st ultimo from overexertion at a picnic.

June 15th.—Sleeps through the night without waking. Appetite good; bowels regular; no palpitation of heart; can lie on left side if she does not think about it; leucorrhœa is thicker, but not so profuse; bad taste in morning; absence of thirst. *Puls.*, 2°.

June 30th.—Menses appeared on 19th instant, four days in advance of time, accompanied by headache, making an interval of eighteen days since last headache. Leucorrhœa had not appeared since. Feels strong, and calls herself well.

July 10th.—Has had but a slight return of the leucorrhœa. Starts for home on the 12th instant feeling well.

September 20th.—Reports by letter: "*Have had no return of the leucorrhœa, and no headache since reaching home; never felt so well before.*"

CASE 2.—*June 13th, 1874.*—Mrs. S——, age 26 years; medium size and complexion; mother of two children. After birth of first child, which was stillborn, with a difficult labor, a constant profuse leucorrhœa; excoriating, dark, fetid. Severe pain in small of back; great debility. Second child now five weeks old. Leucorrhœa commencing again; not excessive, somewhat excoriating, staining the linen brown. General health pretty fair; inclined to constipation. Nitric acid, 2°.

June 20th.—Pain in small of back and left ovarian region. Leucorrhœa continues. Nitric acid, 2°.

June 26th.—Pain in ovarian region gone, that in small of back abated. Bad taste in mouth, and sometimes offensive breath. *Sac. lac.*

July 1st.—Feels better than she had done for two years, yet the leucorrhœa continues slightly. Nitric acid, 2°.

July 25th.—Feels very well. Discharge has ceased.

May, 1875.—Heard from Mrs. S. through the friend who advised her to be treated by me. She states that Mrs. S. is well, and to use her expression “charmed-with homœopathy,” having decided to have no other treatment for herself and family hereafter.

CASE 3.—Mrs. B. consulted me first October 20th, 1874. Is 29 years of age—married two years—mother of one child (nine months old); has had for the last seven months an acrid, offensive leucorrhœa, with pain in the small of the back. Is exceedingly debilitated, finds it a great effort to lift her child, and says her legs tremble when she walks. Within the past week the discharge has become very excoriating, the labia are much swollen, the urine hot and scalding, the parts so sore that she can with difficulty sit down.

Kreosote, 2^c, in twenty days entirely cured. I heard from this patient last July, up to which time she had had no return of the symptoms for which I treated her.

CASE 4.—*April 14th, 1874.*—Mrs. H., 62 years of age; tall, thin, sensitive, nervous, excitable. Full of grief; complains of a heavy pressing on vertex; eyes tire easily; empty, gone feeling at pit of stomach, not relieved by eating; loss of appetite; somewhat constipated; urine profuse and light in color; leucorrhœa of a greenish-yellow color, bland and profuse; pain in small of back, through loins, and down thighs; sleepless. Ignatia, 2^c.

I should state that this patient had been troubled for several months with this discharge, which was so profuse as to cause her considerable annoyance. During this time she had been under allopathic treatment, using astringent injections, etc., without receiving even temporary relief. By May 12th, rather less than one month from the time she commenced homœopathic treatment, her leucorrhœa was entirely gone, under use of Ig. and Calc. phos., and by the 1st of August her health was quite restored. She came to me June, 1875, complaining, among other symptoms, of feeling unrefreshed in the morning, adding, “but I suppose you cannot help that; I think it must be because I have to lie in one position all night.” In answer to my query of why she did not change her position, she said she did not dare to turn over after getting to bed, it made her so dizzy. One dose of Conium relieved her of this, and nearly all of her distressing symptoms. She had had no return of the leucorrhœa.

THE HAHNEMANN ACADEMY OF MEDICINE.

REPORTED BY CLARA C. PLIMPTON, M.D., SECRETARY.

A REGULAR meeting of the Academy was held at the New York Ophthalmic Hospital, September 15th, 1875, the President, Dr. Finch, presiding.

After the usual business, Dr. Martin Deschere read the following paper on "*The Limit of Physiological Interpretation of Symptomatology*," being an answer to Dr. Alfred K. Hills's paper on that subject:—

If the homœopathist would do nothing else but cure the sick by simply finding the similimum, after comparing the symptoms of his patient with those of the *Materia Medica*, he would certainly be doing a great deal for suffering humanity. But for this great purpose he needs nothing more than paper, a pencil, Hempel's *Repertory*, and Allen's *Encyclopædia*. All the *knowledge* required would be to know how to read and write, and to keep the patient amused if his patience should be giving way. All acquaintance with the natural sciences would only tend to confuse our man and waste his valuable time. In fact, to be an "orthodox homœopathist," a so-called strict follower of Hahnemann, it is only necessary to act as a mill, where the patient's symptoms are put in on one side and the remedy comes out on the other. Thinking would have to be abandoned, as a thinking man is apt to speculate, and speculation about the symptomatology of a drug would be considered a sin by the orthodox homœopathist.

If, therefore, the members of our branch of the medical profession study physiology, anatomy, chemistry, physics, pathology, histology, etc., they do so only that they may be considered regular physicians, according to the standard of the ruling medical school, and that they may be able to make a *diagnosis* and a *prognosis*, for what purpose I do not know, as a "true follower of Hahnemann" has nothing to do with diagnosing the name of a disease, and a prognosis is of but little use when it happens every day that a person dies, although the doctor foretold the contrary, and another one is given up as hopeless by half a dozen doctors and recovers in spite of them. As an illustration, an instance comes to my mind where a patient asked his physician (a true follower of Hahnemann, of course) what was his ailment, and what medicine he intended to give him, as he supposed he had already swallowed every remedy in the drugshop. The doctor re-

plied: "My dear sir, the name of the disease is none of my business, the name of the drug is none of yours."

But, jesting apart, let us come to the point at once. Much has been said and written about the physiological interpretation of symptomatology, so much, indeed, that it seems like imposing on your time and patience to bring the subject to your consideration once more. I therefore beg pardon in asking your attention to the following suggestions:

The two opinions amongst the homœopathic physicians seem to be just this: First, we should be guided by the *word* only in selecting our remedy, never minding the "why and how" of curing, as those byways would only lead astray, and would make the younger practitioner especially generalize rather than individualize; and second, that in order to put homœopathy up to a scientific standpoint it is necessary to understand the action of our drugs physiologically; that is, to understand on what organs they act, what functional and organic changes they bring forth, how they act on the tissues, and why a symptom shows itself this way in one remedy and that way in another; why only certain symptoms appear in certain drugs, excluding all others, etc.

Now it is clear that a thinking mind will engage with the second, and will not be satisfied that he cured, but will ask nature *how* and *why* it was done. Hahnemann came to his great conclusion by just such a question to nature, when he asked her *why* Peruvian bark cured the chills and fever. It did not at all satisfy him *that* it cured, he wanted to know *why*, and through nature's willing response (which she always gives when properly asked) he found his law of cure. I therefore say that the name of Hahnemann is cited falsely by those who claim to be his "strict followers," but who are anything else. He was an advancing spirit, a deep thinker, a discoverer and a reformer. He despised every one who followed blindly authority and dogmatism. His life was spent in fighting against dogmatism. He was a man of free investigation and of experiment. By these two ways he found the law of cure, the minimum dose, and the necessity of proving drugs on the healthy. He planted a sound seed in the ground, which grew to be a tree full of the best fruits, and spreading its branches all over the earth.

But is this tree not capable of cultivation? Could not its fruits be sweetened and enriched, its stem and branches made thicker and firmer, and more able to resist the decaying in-

fluence of time? Systems are changing. The era of Hahnemann is not ours. It has been the task of the nineteenth century to unroll such marvellous inventions and discoveries that it is impossible to leave homœopathy at her very beginning, her very childhood; that she should not have her share as well as everything else. Rome was not built in one day, and homœopathy is far from being a ready-made thing, but is capable of great improvements.

We should not let pass a single opportunity. In proving drugs we should bring to bear chemistry, anatomy, physiology, the microscope, every available means of diagnosis, and everything within our reach to *prove beyond doubt by experiment*, not by speculation or hypothesis, their action on the healthy organism. That would be following Hahnemann; that would be asking nature, as he did: "*Why is this so?*" Hahnemann experimented with all the means in *his* power, and we should do so with all the means in *our* possession; and were the master alive to-day he would be proud of such investigations.

Should all the discoveries of Tyndal, Beale, Huxley, and others, the laws of molecular motion, of cell-structure, of proto- or bioplasm be ignored by homœopathy, by this very doctrine which could be explained by the action of the molecules and molecular motion alone?

The whole field of the homœopathic curative principle can nowhere be looked for but in the elements of the cell. Should we not be allowed to try to explain the action of our healing agents by these laws, and thus lift the veil which overhangs the statue of Saïs; always searching for truth, always following the footsteps of our master by constant and unintermitting investigation? It is true that we are at the very beginning of such researches; but we are urged to press forward, if we do not want to remain far behind and in darkness. Those who are satisfied with the authoritative opinion of another, are to be pitied, but cannot be helped; and we may say of them as Scripture says: "They have eyes but see not, they have ears but hear not."

Until we have reached the point desired, we have to be satisfied with that which is given to us; for as long as we cannot do any better, we must do the best we can. But at the same time let us not be idle, let us try to find the root of the matter, let us find the hidden connection of perceptible

symptoms, not, I repeat it, by speculation, but by true experiment.

The motto of Hahnemann's *Organon* is "*Aude sapere*" (Dare to know!). If ever a word was spoken to encourage investigation in testing the truth of the traditions, it was this, *Aude sapere!* Make the experiment, don't be afraid of it, and the result will pay for your labor. It is with the development of medical science as with all other natural sciences, as for instance, astronomy. The most ridiculous and abstract theories were exhausted to explain the every-day phenomena of the rising and setting sun, until after centuries and thousands of years of erroneous views, Galileo spoke his "*Aude sapere*," and he dared to prove that it was the earth itself moving around the sun, etc.; and although the great council of the orthodox church made him swear to the falsehood of his doctrines, he exclaimed after the conclusion of the ceremony, his immortal words, "*E pur si muove.*" So with us. May ever so many orthodox councils try to convince us that symptoms alone and nothing else should be our guide at the bedside, I say, that symptoms are only like the rising and setting sun, every-day phenomena, which are not to be falsely explained by abstract speculations, but which will find a Galileo to show their real motive power.

It was through the improvements of mathematical instruments, through the advances in physical sciences and astronomy, that Columbus was enabled to presuppose a western way to eastern regions, and thus to discover America. It will be through improvements and advances in medical sciences, that a "western way" will be shown to us in the selection of our remedies, and thus enable us to find a "new world" in homœopathy.

We may ask, what is the use of this? Why should we engage in the enormous labor of finding the physiological meaning of our symptoms, when we do so well already? Will it not be an additional study, while we are unable to master even what we already have? No, my friends! By understanding the meaning of our drugs we shall be able to classify them. If a given case comes before us, then a certain group of remedies will spring into our minds at once, excluding all others. It will be an eminent help to us in practice, and most facilitating in studying the *Materia Medica*. It would be a great mistake if we were to try to adapt our symptomatology to pathological states as put down in the books on

diagnosis, for this would indeed be generalizing, and we should fall into that whirlpool out of which Hahnemann so gloriously rescued medicine one hundred years ago. We must just here follow his example, and let every substance tell its own story. But as we have to study a language when we want to make ourselves familiar with foreign people, so we shall have to study the language of our remedies to understand them aright.

As I have stated above, it will take a very long time to study these drug-languages; we may not live to be able to know them all; but it is our duty to commence and give to our successors a foundation to build upon.

The best way to do this will be by comparison and reproof; slow poisoning of animals and demonstrating the autopsy; record of fatal cases of poisoning and their post-mortem appearances. All this ought to be done with the assistance of the most recent discoveries in anatomy, physiology, histology, and chemistry. Thus we shall gain a truly scientific *Materia Medica*, which will enable us to work with quite another feeling of certainty, and give us an opportunity to make use of the sciences complementary to medicine.

By gaining this knowledge we do not dispense with symptomatology in its present form. On the contrary, it will be so much dearer, so much more familiar to us; for we shall then be able to see its "why and how," and therapeutics will be, what it has never yet been, *a true science*. It would take too much time and lead me too far in this subject to give examples, which you may find worked out successfully by abler men. We have, for instance, essays on Aconite, Digitalis, Graphites, Phosphor., etc., by Baehr, Goulon, Jr., Sorge, and some others. Let us go forward on this path with the safeguard of careful experiment.

Some general discussion followed.

DR. A. K. HILLS thought Dr. Deschere had not answered the question at issue, but had complicated it still more by mixing prognosis and diagnosis, and the how and why medicines act, which how and why are doubtful, and may never be got at. Pathology includes both objective and subjective symptoms, not morbid anatomy alone. Watson impressed it strictly upon his students not to be guided by morbid anatomy alone, and he is an allopath. His own paper had for one of its objects the inquiry how far physiological interpretation aids in therapeutics. He questioned whether it does at all. A physician told him of a case of Bright's disease, in which he

was led to the remedy, Plumbum, by physiological calculations, which were not in the symptomatology of the remedy at all. I will not say we may not reach a point where we may arrive at some such results. We may reach the remedy by knowing that the patient got a thorough wetting, received a severe contusion, etc., yet that does not, as I see, bear upon the physiological plan.

DR. LILIENTHAL. I am now very much interested in studying nervous diseases, and, in my reading, I find with strict prescribers individualization, and in scientific works no generalization. Leyden, Bastian, and Charcot have, in their writings, individualized the different manifestations of nervous disease, localizing them in the brain and spinal cord; and if I live through this winter, I shall go through the whole *Materia Medica*, individualizing the remedies to suit.

DR. SAMUEL SWAN. How will this knowledge help you in prescribing?

DR. LILIENTHAL. Paralysis agitans, for example, has no head symptoms; the brain is perfectly clear. I will first select the remedies having no head symptoms.

DR. SWAN. If a remedy is found that covers the whole case, yet has head symptoms, will the absence of head symptoms in paralysis agitans militate against your using that remedy? I used *Tarantula* once in a case of agitans.

DR. LILIENTHAL. I don't believe it was agitans, for that occurs most frequently in old people; it was probably sclerosis. All remedies want reproving; there is only one, *Picric acid*, that has been physiologically proved. If one will lay one brick, another another brick, soon we shall after a time have a whole house; then we can add a mansard roof if we want it.

DR. SWAN. But what benefit will this knowledge be in prescribing?

DR. LILIENTHAL. It will be science.

DR. SWAN. The great question is the cure of the sick, and I would like to know if this plan will aid us in that. I will devote any amount of time and study to it if it does; but how will poisoning a dog benefit my patients?

DR. HILLS. I think we are still terribly mixed on this subject; we lose sight of therapeutics, in my opinion. No one ignores all the collateral sciences.

DR. DESCHERE. I think we need more than physiology.

We need a knowledge of the influence of the sun and moon, and all the elements of nature.

DR. HILLS. Heat and cold and all other influences are necessary knowledge. Morbid anatomy is not a safe basis. We all prescribe at times on one marked symptom as, for instance, Arnica for bruises, Rhus for wetting, if the totality agrees with the characteristic.

DR. LILIENTHAL. A layman and Dr. Hills may each be called upon to prescribe in a case of amblyopia or amaurosis. The layman being guided by subjective symptoms, may prescribe for five months with no benefit. Dr. Hills uses the ophthalmoscope, and sees from the condition of the nerve that he can't cure the patient, and tells him so.

DR. HILLS. A layman should not be compared to an educated physician, nor should one who prescribes for a condition without knowing the significance of the symptoms be brought up as an illustration. We are talking of educated physicians and not laymen. Something else is required of us as physicians than simply prescribing; we have to give a prognosis as well as diagnosis; morbid anatomy counts for one, selection of remedy one, and so on.

DR. SWAN. How much faith is to be placed in diagnosis? The most eminent diagnosticians make mistakes.

DR. HILLS. A case just in point occurs to me. A case recently occurred in Harlem, where at least three well-known physicians, standing high in the profession, examined the patient. They could detect no organic difficulty, yet she could keep nothing on her stomach; nothing apparently the matter with the lungs, no cough, no expectoration. She was sent to Long Branch and died; on post-mortem found stomach sound, liver somewhat enlarged and fatty; *lungs riddled*; and yet the diagnosis of one physician was "a bummer in high life."

DR. WHITE. We are gradually arriving at the conclusion that all remedies act by electrical law. There is a positive and negative, and if they don't neutralize the offending element they cannot cure.

DR. SWAN. Positive and negative is a law of nature, not an electric law.

DR. LILIENTHAL. I would like to speak of the case of a lady patient who has three different kinds of fits. She is fat, about thirty-five years of age, has inherited a nervous temperament from her mother; menstruated at fourteen, has, for three days before the period, excruciating headache; flow is

very copious, lasting for seven or eight days. She had typhus fever at sixteen, and it was about three months before her recovery; at nineteen had some family trouble, she was probably "crossed in love;" married a year or two after. She is reserved, hard to make friends with, but staunch when she is a friend. After coming to this country she was lonesome, homesick. *Coition was painful from first day of marriage; is repugnant now.* She has two boys living. In her first pregnancy had incessant vomiting; during the second "was never better;" third, same vomiting as during first, so violent that the attending physician produced abortion; has never been well since. One kind of fit comes on in society; the eyelids are pressed down; chin drops; then succeeds a cataleptic state, she still retaining her recollection; it is not a faint. The second kind is a full epileptic fit. She picks, strikes, etc. In the third she turns in a circle; she knows when it is coming, but if kept from it she has an epileptic fit. I have read of a case reported by a physician who is a thorough materialist, of a man who was brought into the hospital in a fit and laid on a bed, where he remained for six months without moving or speaking. They had to feed him; his eyelids were shut, yet from the moving of the balls they knew he was not asleep. He gradually got better, and said that he heard them all the time and wanted to speak, yet another was in him who told him he "must not speak." I studied Calc. carb. in my case, and then I wrote to Dr. Hering about it. He answered me at once "Calc. carb., but must study it more." Again he wrote "Calc. carb. is the remedy, but how high and at what intervals I am not decided." She used to have at least twenty of these fits in a day. Calc. carb., 40^m, has done something for her, for now she does not have any after 11 A.M. Dr. Jones has suggested Agaricus from the duality.

DR. WHITE. Among the Shakers it is quite common for them to whirl an incredible time.

DR. HILLS. I should think of Kali bich.

DR. LILIENTHAL. She is fair and fat.

DR. FINCH. Calcarea has fatness in early life, which, however, often disappears later. Kali bich. suits those who are fat, fair, and adults.

DR. YEOMANS. I have recently had a case of gangrenous pneumonia; the smell from the breath and expectorated matter was terrible. The gentleman was very healthy. He belonged to the 77th regiment, and while on parade strained his lung,

as he thought. He has had some cough. His pulse, when I saw him, was 110, expectoration profuse, and on the third day the foul smell was very apparent. He would feel hot air seemingly coming from middle lobe of right lung, and then expectorate the offensive sputa. I tried various remedies, but Lachesis, 6th centesimal, relieved very much, and now he is completely cured; no cough, no expectoration, no sweats. His whole family have died of consumption.

The meeting then adjourned.

A regular meeting of the Society was held at the Ophthalmic Hospital, November 24th.

Dr. George H. Norton read the following paper on *Pulsatilla in Diseases of the Eye*:

Pulsatilla may be considered one of our polychrests in the treatment of ophthalmic disorders, as well as in diseases in general, for there are few remedies whose range of action is more extensive, although the greatest benefit has been observed from its use in superficial or retro-ocular diseases.

In the selection of this drug we are governed in a great measure by the temperament and general symptoms of the patient, as the characteristic eye symptoms are not as abundant as might be supposed from the importance of the remedy. Those eye troubles, especially the superficial, which are found in the negro race, as well as those occurring in the mild, tearful female, seem to be particularly benefited by *Pulsatilla*.

For blepharitis, both acute and chronic, it is a valuable remedy, especially when there is inflammation of the glands of the lids, both meibomian and sebaceous (blepharo-adenitis); also in cases of blepharitis where there is a great tendency to the formation of styes or abscesses on the margin of the palpebræ; is often called for in blepharitis resulting from indulgence in high living or fat food, and when accompanied by acne of the face; also in cases where the tear-glands and lachrymal canals are affected with pus formation. The swelling and redness of the lids vary in different instances, as does also the discharge, though more frequently we find profuse secretion from the meibomian glands, causing agglutination of the lids in the morning. The sensations experienced are usually of an itching-burning character, and are aggravated in the evening, in a warm room, or in a cold draft of air, but ameliorated in the cool, open air.

As a remedy for sty (hordeolum) it has no equal, and even

by some is considered almost a specific for this trouble, as in a great majority of cases it will cause them to abort before the formation of pus has taken place.

In tarsal tumors, especially of recent origin, and subject to inflammation, or when accompanied by a catarrhal condition of the eye, help has been derived from the use of this drug.

Spasmodic action of the lids, with lachrymation and photophobia, has been relieved.

Its action upon the lachrymal sac is very decided, and it has proven a valuable remedy in blennorrhœa of the sac, when the discharge is profuse and bland, especially when occurring in a *Pulsatilla* temperament.

Dacryo-cystitis may sometimes be checked at its commencement with this drug, though it is also useful during the whole course of the disease.

Pulsatilla has been successfully employed in a great variety of conjunctival and corneal affections, as in simple catarrhal conjunctivitis, especially the acute form (though it is also useful in the chronic), either resulting from a cold, an attack of measles, or other causes; and when there is present a variable amount of redness, even in some cases chemosis, burning itching, or sticking pain in the eye, usually worse in the evening, when out in the wind, and after reading, but relieved by the cool, open air; the lachrymation is often profuse by day and purulent at night, though generally a moderately profuse mucopurulent discharge of a whitish color and bland character, which agglutinates the lids in the morning, is to be found. Catarrhal ophthalmia observed during measles, catarrhal ophthalmia with gastric bilious symptoms, or inflammation of the eyes consequent upon traumatic causes, have been benefited by this drug.

In purulent ophthalmia we frequently find *Puls.* of use, especially when the discharge is profuse and bland, and the concomitant symptoms indicate its selection.

That form of blennorrhœa of the conjunctiva caused from the gonorrhœal contagion, has been reported cured.

Another frequent form of purulent ophthalmia found in newborn children, ophthalmia neonatorum, has been greatly benefited, even in some instances well-marked cases have been cured without the use of any other drug. It seems, however, especially useful in this trouble as an intercurrent remedy during the treatment by *Argentum nitricum*, for often when

the improvement is at a standstill, a few doses of Pulsatilla will materially hasten the progress of the cure.

It has been employed with some success in trachoma, usually uncomplicated with pannus. The granulations are generally very fine, eye sometimes dry, or may be accompanied by excessive secretion of bland mucus. There may also be soreness of the ball to touch, and itching or pain in the eye, which is worse in the evening and better in the cool air or by cold applications; especially adapted to cases occurring in anæmic amenorrhœic females.

Another large class of superficial ophthalmic disorders, where Puls. is particularly useful, is to be found in scrofulous ophthalmia or phlyctenular keratitis and conjunctivitis. Here it has proved one of our sheet-anchors in the treatment, especially when the pustules are to be found on the conjunctiva. The dread of light is often absent, and usually moderate in degree. The lachrymation is not acrid, but more abundant in the open air, while the other discharges are generally profuse, thick, white or yellow, and bland. The pains are more often of a pressing-stinging character, though they vary greatly. The lids may be swollen, but are not excoriated, though *subject to styces*. The eyes feel worse on getting warm from exercise, or in a *warm room*, and generally in the evening, but are ameliorated in the open air and by cold applications. The concomitant symptoms of thirstlessness, stomach derangement, amenorrhœa, etc., must be taken into consideration.

It has been successfully given in ulcers of the cornea, especially when superficial and resulting from phlyctenules.

Caspari reports pannus dependent upon trichiasis as cured by Puls.⁹

A case of episcleritis, circumscribed, situated between the superior and external recti muscles, was very much relieved by this remedy. It occurred in a man highly myopic. The sclera was slightly bulged; some itching and sticking pain in the ball was present, with dimness of vision. His eyes always felt much better when in the open air.

Benefit has been observed from its use in iritis when there was dry, burning heat in and about the eye, œdema of the lid, secretion of mucus, etc., though it will rarely be called for in this affection.

Asthenopia accommodativa, with much aching sensation in the eyes after rising, also darting pains in the eyes after

sewing, and asthenopia from general prostration, have been cured.

Bojanus, in *A. H. Z.*, 80, reports a very interesting case of hyperæmia of the retina, occurring after suppression of acne on the face, in a woman æt. 32. She sees as through a veil, and mostly double; reading is difficult; worse by candle-light; after exerting the eyes she has a pain in the right side of the head, and ringing in the right ear; her menses often omit for a whole term, are very scanty, of too short duration, and attended with excruciating colicky pains and bearing down; appetite and sleep are good; bowels constipated. Ophthalmoscopic examination shows great hyperæmia of the retina, injections of the central vessels, and varicosity of the veins. She is of a good-natured, yielding, tearful disposition. Puls.²⁰⁰, with an occasional dose of Sulph.³⁰ or ²⁰⁰, cured the case.

Its influence upon choroideal affections has been proven, as in a case of hyperæmia of the choroid, consequent upon hyperopia. Cannot look long at any object; subject to severe neuralgic headaches, extending into the eyes; head feels full and congested; she is a great tea drinker. Pulsatilla cured.

Payr recommends this drug in subacute cases of choroiditis; in persons subject to arthritis ruga, venous hyperæmia of the capillaries; pressing-tearing, and throbbing pain in the head, with heaviness and vertigo; dull sight, photophobia, and fiery circles before the eyes; female individuals, with mild and yielding disposition, scanty and delayed menstruation.

H. Robinson reports the following symptom, which is often found in inflammation of the choroid, as cured: "Cloudiness of vision, with a kind of flashing of fire, as though she had received a slap in the face."

A case of hemeralopia with amenorrhœa was cured with the tincture of Pulsatilla (Bethmann).

Then followed the relation of clinical cases.

DR. LILIENTHAL. I have two cases which are still hanging fire, about which I am in some doubt. The first is that of a stout active gentleman, who had some business up beyond Albany, and who was obliged to walk home for about twelve miles in the snow, and got his feet very wet. Soon after reaching home he was taken with very violent peritonitis, severe pain, sensitiveness to touch, constant hiccough, red face, pulse 90. I gave him Aconitum, but it did not touch

his case; he kept his feet drawn up, was afraid of the least motion. I gave Acon. high and tinct. I then stood between Bell. and Bryonia, for he could not endure the least motion, even the touch of the bedclothes; tongue was coated white and was moist, perfect meteorism, and no stool for three days; he could not eat. Now is not the remedy Rhus tox., from the wetting of the feet?

DR. PIERSONS. You were not soon enough for Aconitum.

DR. SWAN. Is all the trouble below the waist? There is a South American remedy that *covers* the case. Uva alba. It is much used in that country for rheumatism.

DR. LILIENTHAL. The other case is one where I was called in consultation by Dr. Yeomans. The young lady is 20 years of age; menstruated first between 11 and 12 years; ever since has had *copious* menstruation, *flooding* like a woman in labor. She is now anæmic; was under allopathic treatment until two weeks ago, quinine and iron being given in large quantities, but with no benefit. Last summer sea-bathing was prescribed, and she went into the water just before menses should come on, and the courses were less profuse, lasting only two or three days, and she was taken with an epileptic fit. She had copious epistaxis between periods. Last week had her courses, flow dark, not coagulable, copious; has had epileptic fits off and on since last summer. Have used several remedies without success. Gave last, Ergotin 1st or 2d trit., which seems to work well; but she has the abdominal pains characteristic of Secale; she had one or two stools while we were there, well formed, but so *sticky* that they adhered very closely to the verge of the anus, an indication for Platinum; she is very weak and prostrated.

DR. SWAN. Lac-caninum has that kind of stool also.

DR. LILIENTHAL. She has murmuring delirium now, and is very weak. Is China her remedy now? Small wounds bleed much might seem to indicate Phosphorus. How can we explain the action of salt-water in producing the fits, which come on at any time?

DR. PIERSONS. Was it *salt* water or *cold* water? I think it was *cold* water bathing. If I am correct I should rely upon Rhus tox.

DR. HILLS. Does she sleep after the fit? I should think of Carbo veg. [China and Hyoseyamus were suggested. The young lady died very suddenly, after a fright.—SECRETARY.]

DR. A. K. HILLS remarked that diphtheria was very prev-

alent in the city at present, and notwithstanding our want of knowledge as to their source, the "micrococci and bacteria" are held by Oertel to be responsible for the disease. The microscope reveals these parasites present in numbers exactly in accordance with the severity of the case. Damp atmosphere and poisonous decomposition of organic matter are supposed to propagate the germs upon which the disease depends. We find less of it in high lands. 1st. The soil must be adapted to their proliferation. 2d. Commences as a local disease and extends by continuity and radiation. 3d. Affects the general organism, in consequence of its poisonous influence upon the blood.

The treatment should be not only *homœopathic* to the particular case, but hygienic as well. *Ventilation, cleanliness, removal of expectoration, and proper nutrition*, are most important. The usual caustic applications are worse than useless, for they are not only powerless to destroy the micrococci, but irritate and injure sound tissues.

Grauvogl's experiments gave us brandy as a means of preventing the extension of the disease by continuity. Oertel substantially confirms it, and adds the Lactic and Acetic acids, as well as inhalations of steam. In adults the latter remedy is especially agreeable, as it generally relieves the pain that is often present, particularly in adjacent tissues. As a means for cleanliness nothing could be better.

Nourishment in this, of all diseases, is most important, and *must be kept up* at all hazards, at frequent intervals. Lachesis and Kali bich. I have found most frequently indicated this season.

DR. WOOD. Steam, brandy, and Carbolic acid are all useful. The Sisters at the Foundling have become so used to the disease, that as soon as the membrane begins to form they apply Subsulphate of iron with Carbolic acid and glycerin, and their cures are 32 to 3 lost.

DR. HILLS. Were these cases seen by physicians?

DR. WOOD. Yes, by several.

DR. LILIENTHAL. There are so many ways of curing that it becomes a curious study. My way is to atomize the parts with one per cent. of carbolic acid. In the *Internationale Presse* there is a splendid article upon diphtheria. The writer says, "If it attacks the larynx it is fatal;" the remedy is Bromium, fresh, even if it attacks only the tonsils. I confess that I lost my cases where the larynx was affected.

DR. HILLS. When running on to the septic stage?

DR. LILIENTHAL. Yes; only three remedies hold their own,—Carbolic acid, Bromium, and Cyanuret of mercury.

DR. PIERSONS. I think diphtheria may be cured with the high potencies, without local applications of even brandy.

DR. WOOD. I defy you to stop hospital gangrene without local applications; diphtheria is of the same nature. Turpentine, Nitric acid, etc., will arrest it in time. I remember one case I saw of a small gunshot wound, gray in appearance, like diphtheritic membrane, into which a probe was run, and we found the tissue deeply diseased all around the thigh, while the skin was healthy. Turpentine locally cured nearly all cases.

The Society then adjourned.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY M. S. WILLIAMSON, M.D., SECRETARY.

THERE were twenty-five members present at the December meeting of the Society; the President, Dr. A. R. Thomas, occupying the chair. The minutes of the last meeting having been read were approved.

DR. DUDLEY moved that the visiting physicians present be invited to participate in the discussion of papers. Seconded and carried.

DR. B. W. JAMES, Scribe, then presented the following:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

Weather Proving, October, 1875.

The weather was pleasant most of the month, with some rain, and a good deal of cloudy weather, but no great amount of rainfall. Nothing unusual in the temperature or velocity of the wind occurred.

Influenzas and catarrhal colds, with coryza, were abundant during the entire month. A short rain, which fell on the 3d, was followed by neuralgias, and sore throats, and chest pains, and hæmorrhages from the lungs and bowels. The 5th was a warm, sultry day, with an easterly wind, veering to the southeast on the 6th. During this period hoarse colds were

more numerous, and drowsiness, and yawning, and listlessness were noticeable, and people generally were disposed to be morose. About the middle of the month fresh colds were noticeable, and consumptives were worse. Neuralgia still supervened. On the 19th, bronchial irritations were numerous, and sore throats. Elderly people and consumptives were much prostrated while the mild southwest winds prevailed. Many adults had dark, bilious passages and diarrhœa, while children seemed weak, and had diarrhœa and vomiting more than usual. During the latter part of the month, diphtheria was more abundant, also hæmoptysis, sore throats, and catarrhal colds. The month was not an unhealthy one, generally speaking. The "epizooty" epidemic among horses, that commenced in the latter part of September, continued during the early part of October. It assumed a mild form, and very few deaths resulted. Horses coughed more in damp weather. Bryonia was the remedy most indicated for these afflicted animals.

ROSE OF DAMASCUS.—This remedy, to which reference was made recently in our *Notabilia*, was introduced and proven by Dr. Jacob Jeanes.

DIABETES, DIET, ETC.—Under homœopathic medical treatment of diabetes, distinctive diet of animal food, and avoidance of all substances containing saccharine matter, is not requisite. Drs. A. Korndœrfer, C. S. Middleton, P. Dudley, J. E. James, M. Walker, and B. W. James, all concur in this view.

The saccharine elimination is only a symptom of the diseased condition in the brain or elsewhere. The brain is generally conceded to be the seat of the disease, as mental work or injury to the brain is so fruitful an origin of the malady.—
SCRIBE.

DIABETES—CASE CURED TEN YEARS AGO.—Dr. D. James once sent me a case of diabetes to treat. There was no increased secretion of urine or any sugar when he first saw the case, but Dr. James told him that it was undoubtedly, from the other symptoms, diabetes, and that soon the other characteristics would appear, and in a few days sure enough they came. Dr. D. James suggested to him to treat the case with Nitrate of uranium, and watch and test the urine all through the treatment. He did so, giving Nitrate of uranium^{2x}, four grains a day for weeks. This young girl, during the most

aggravated part of the attack, passed twenty-four quarts of urine per day. Then all at once it dropped off in one day to fourteen quarts per diem. Then a few weeks later it suddenly dropped to six quarts. The attack commenced in January and ended in August, when no sugar could be detected, and the flow of urine reached three pints a day. One prominent symptom during the attack was a craving for raw ham and tea. When the sugar in the urine ceased, this symptom disappeared. She had no menstrual flow during the attack. About a year after she had a slight return, then the next year at the same time a still slighter return, but since then none. She is married now, and has one child, but remains the same pale, anæmic temperament that she was at the time of the attack. Her diet during treatment was not restricted to animal food. Did not notice that she was specially subject to furuncles or carbuncles at or previous to the attack, a feature which some observers say generally attends the disease.—DR. P. DUDLEY.

Another Case of Diabetes.—The dryness and great redness of the buccal cavity, and other symptoms present, led me to select Terebinth. ; afterwards Lactic acid. The latter remedy helped the man most. Gave it in appreciable doses, and it diminished the amount of sugar in the urine very materially, and also greatly lessened the quantity of urine. The quantity *suddenly* diminished ; his sight and speech were affected, but he had no carbuncles. Pulmonary disease supervened, however, and he died in eighteen months. He had a mixed diet, and ate largely of vegetable food, and he being fond of buttermilk, used a great deal of it. He also used electricity. Cuprum was also given during a part of the time, and helped him somewhat.—DR. C. S. MIDDLETON.

TREATMENT FOR DIABETES.—Indications can be found under Fluoric acid, Phosphoric acid, and *Secale cornutum*, the latter especially if gangrenous spots come out on any part of the body. Have seen the amount of sugar lessen, and urine decrease, under homœopathic treatment and the use of vegetable diet and such articles even as fruit and sugar, white of egg and sugar beaten up, and similar articles. Absolute animal diet is not required, for patients soon loathe this kind of food, and lose their appetite, and waste away more rapidly than under the mixed diet and proper treatment of the disease.—DR. A. KORNDORFER.

PROLAPSUS UTERI SYMPTOMS.—Symptoms simulating prolapsus, bearing down, and feeling of tenderness in hypogastric region, as if parts were put on a strain, etc. Dr. J. Jeanes often prescribes *Mel cum Sale*.

DR. DUDLEY suggests Belladonna as a corresponding remedy of the simulating symptoms of prolapsus uteri. Ulcerations and prolapsus can be both cured by the internal use of homœopathic remedies.

DR. C. S. MIDDLETON for ulceration of the os uteri applies Hydrastis in glycerin. Put it on a pledget of cotton and apply locally, and remove the cotton the next day.

DR. KORNDERFER. Hydrastis is a good remedy for gonorrhœa.

DR. MIDDLETON. Eryngium aquaticum (or bitter snake-root), 3d trituration, internally, is a good remedy for gonorrhœa. The effects are seen in a few days, in ten days at least.

DR. H. N. GUERNSEY then presented a paper entitled, *The Pathology of Hemorrhages and their Homœopathic Treatment*, which was read, accepted, and a vote of thanks tendered therefor. (See page 241.)

The reading of the paper was followed by an interesting discussion, of which the following is a synopsis :

DR. JACOB JEANES said there was one point he wished to refer to, viz., rest, which is often carried too far ; he had seen some benefit in a case of epistaxis by the patient taking a moderate degree of exercise.*

DR. KORNDERFER said he had met some cases of hæmorrhage in which the indicated remedy failed to relieve. In one case of uterine hæmorrhage where there was no improvement after the remedies according to their indications had been given, Hamamelis low and the tampon stopped the flow. This case some time afterwards was treated for another hæmorrhage by an allopath ; the ice treatment was used and the patient died.

DR. DUDLEY spoke of the action of Aconite in cases where bleeding has occurred suddenly after the determination of blood to a part, but he preferred Belladonna for epistaxis. He thought the paper went very far to answer the question

* In another instance, where a man died of hæmoptysis, he was not allowed to move, and died in a little while ; he did not say that this man would have recovered, but he thought moderate exercise should have been tried.

as to the dividing line between medicinal and mechanical treatment.

DR. GUERNSEY did not want it to be thought that he would stand by and let a patient die for want of the tampon; but in a practice of thirty years he had not found any other means required than the suitable homœopathic remedy. In a case to which he was called, which had been in allopathic hands, he found that the patient had pain in the right ovary, followed by a discharge of clots. He gave *Lachesis* and removed the tampon which had been introduced and the hæmorrhage stopped. If he had a case which could not be relieved by any other means, he would use the tampon. If there was truth in homœopathy, it must be capable of relieving these cases. He had seen a number of cases of hæmorrhage during typhoid fever, in which, having found upon examining the blood looking like charred straw, *Lachesis* cured. In a case like that related by Dr. Jeanes, he thought it was a symptom which ought to be taken into consideration, whether the patient was better when moved or not; for instance, in *Aconite* there was great fear of turning over or of dying.

DR. LIPPE said he would have thought of *Rhus* in a case like that of Dr. Jeanes. If the patient was worse when moving he would give *Sabina*. In hæmorrhages from the bowels in typhoid fever he gave *Arsenicum* when there was restlessness and thirst, the blood being in large quantities and pale; and *Alumina* when there was no thirst and the blood came in cakes; *Cactus* he used when there was bleeding from the bowels with no apparent disease present. *Alumina* was useful in dysentery when the patient had to strain at stool in order to pass urine.

DR. DUNHAM, of New York. While he was studying medicine an interesting case happened in the practice of the late Dr. Rogers; it was a labor case. About twenty minutes after delivery the Doctor turned to the room-door to congratulate the father, when the nurse made an exclamation, and he turned around just in time to see his patient die; he did not think that anything could have been done to have saved that woman. During six months that he spent in the Dublin Lying-in Asylum there were over 1600 births, and in none of these was there anything approaching such a flow as this. In his own practice he had only seen two very bad cases, in which, if a change for the better had not taken place soon, life would have been in danger; in these the homœopathic remedy acted

promptly. In a case of post-partum hæmorrhage, to which he had given the remedies he had thought indicated, but with no improvement, he called Dr. Wells in consultation, who ordered Calcearea, which soon stopped the flow.

Gentle pressure was of great use to excite contractions of the uterus. Physicians having cases must accept the responsibility, and use whatever measures they deem best. Terebinth. had not been mentioned; attention was first called to its action upon the crews of vessels carrying turpentine from North Carolina, who suffered with hæmaturia, most likely from the kidneys, caused by inhaling the vapor. He once had a patient who was recovering from scarlatina, who passed urine containing blood; he gave Terebinth., which speedily caused improvement, and cured the case.

DR. GUERNSEY said he never, if he could help it, touched the abdomen after the baby was born; he examined the pulse, and believed if we knew how the tide of life flowed we knew the condition of the patient; he watched to see if there was any change in the pulse, face, respiration, or in her movements; he considered it important to study the perfectly natural as well as the abnormal cases. He believed in letting the woman alone. If you press upon the abdomen, how are you to know that the condition is not present which will cause the uterus to open again?

DR. DUNHAM said he got at the condition of the uterus by examining it, instead of feeling the pulse or looking at the face. He asked the Society where was the avenue of death if it was not through the uterus?

DR. LIPPE remarked that Dr. Guernsey saw the mental state of the patient in her face. He would relate a case he had attended, that of a lady who was already the mother of a large family, and who was seven months gone in pregnancy when she received news of the sudden death of her father. She was attacked with diarrhœa and hæmorrhage; he gave her one dose of Gelseminum, which stopped both diarrhœa and the bleeding, and she went to full term. He wished to state that in these cases he never had to resort to any other means than homœopathic remedies.

DR. B. W. JAMES said that, in regard to the mental symptoms, he considered them to be caused by the hæmorrhage which was taking place; that the vital forces were affected through the depletion per uteri. He referred to the tempera-

ment of the patient having an influence upon the case; that some persons bleed much more freely than others do.

DR. McCLATCHEY said he would like to hear the report of a case of fatal uterine hæmorrhage, if any one present had ever had one, and the treatment of that case.

DR. DUDLEY related a case of death, the patient being the wife of a physician. About half an hour after the delivery, which had been instrumental, she having had two spasms previously, the husband was sitting at the bedside, and he, Dr. D., was in the adjoining room; the patient made a sudden movement, and died in a very short time, the uterus becoming enlarged. The uterus had previously contracted finely. When called he had seized the uterus with one hand, and inserted the other to remove clots, but the time was too short for any measures to be of use.

DR. THOMAS MOORE said he believed in the importance of individualizing cases. Some time ago he was called to a woman who had lost a large quantity of blood, and who asked to be constantly fanned; he advised *Carbo veg.*, which caused an immediate improvement. He had been called in by the attending physician to see a woman in labor, who was anæmic; the child had not been born; they decided upon turning, which was executed, but the woman died, the uterus being ruptured; he thought that she should have been relieved some time before he was called.

DR. McCLATCHEY. It would appear then that there has occurred in the practice of the many physicians present but one fatal case of uterine hæmorrhage, and that was a concealed hæmorrhage, and fatal before any means could be resorted to for its arrest. There is a great diversity of sentiment among the physicians present regarding the method of treating these cases, and no doubt a great diversity in their treatment, and yet but one fatal case has occurred. It would appear, therefore, that these cases are not very fatal, and that almost any treatment will "cure," or else that the hæmorrhage is ordinarily self-limiting and self-curative. I make these remarks for the benefit of the large number of medical students I see present, that they may not go from here impressed with the belief that uterine hæmorrhage is a terrible occurrence, or that there is but one successful method for its arrest.

The Society then adjourned, the hour being late.

CINCHONA AND CHININUM.

BY DR. W. SORGE, OF BERLIN.

(Translated by S. Lilienthal, M.D.)

THE cortices Chinæ, in use in Europe since 1632, are designated as *regiæ* or *flavæ*, as *fascæ* and *rubræ*, and come from *Cinchona officinalis*. Chininum was first made at the beginning of this century, and up to that time only extracts, decoctions, and powders were used. Hahnemann mentions that in 1790, when proving cortex Chinæ, the first idea of the homœopathic law of cure dawned upon his mind. Of the provings of Chininum on animals, the experiments of Binz and his disciples deserve to be mentioned. They found that Quinia in solutions of 1:10,000 acts fatally on infusoria, vibriones, etc., but not on fungi of mould, not on salt-water amœbæ; that Quinia prevents the fermentation of lactic acid and of alcohol, but not the diastatic action on starch and on the digestive juices; that it destroys the movements of the white blood-globules in the protoplasma and thus prevents their emigration in inflammations; that it diminishes the quantities of urea, and that it diminishes and retards the change of tissue in the animal body. With the diminution of the chemically elementary processes in the body perhaps the decided diminution of the heat of the body may be connected, observed so frequently after large doses in the animal and human body. This diminution of heat in the body has been observed by Nannyn and others, even after division of the spinal cord, after paralysis of the sympatheticus. Others try to explain this diminution of heat from the weakening effect of Quinia on the heart; in fact most experimenters declare that large doses cause a diminution of blood-pressure in the arteries. Small doses of Quinia increase the number of pulsations by diminishing the inhibitory power of the vagus, inasmuch as after division of this nerve the increase in the number of pulsations fails to appear; but stronger doses diminish the number of cardiac movements even after the division of the vagi; which clearly shows that the drug also acts immediately on the substance of the heart. In frogs it destroys the voluntary and reflex movements, but fails in the destruction of the latter when we first remove the brain; hence we may conclude that the inhibitory centres of the brain are irritated by Quinia; the respiratory movements in frogs are also retarded by it, and finally cease from paralysis of the centre from these move-

ments in the medulla oblongata. Large doses injected into the veins produce, in warm-blooded animals quickly, paralysis of the heart, and death with convulsions.

Experiments on men give important results. Five to six grains endermically used cause severe burning, and after a while a discoloration on the wound, similar to the diphtheritic coating; more distant effects were nausea, with pressure in the pit of the stomach, gurgling in the intestines, frequently also fluid stools and an increased secretion of saliva, frequently continuing for several days; twelve to fourteen hours after the local application, a very bitter taste on the tongue (*Frank's Magazine*, i, 213).

Given per os, Chininum produces nausea, vomiting, diarrhoea, headache, vertigo, surring in the ears, and difficulty of hearing; in the eyes, sensitiveness to strong light, followed by dimness of sight and finally amaurosis. A perfect intoxication, the so-called Cinchona intoxication, similar to that produced by alcohol, passes, after very large doses, into sopor, coma, and death; where this was prevented, amaurosis, deafness, and paralysis extremitatum remained. As consequences of a long-continued use of this drug, we find disturbances of digestion, headache, tremor of the extremities, a tendency to fainting, and great muscular weakness.

Mendenhall observed on himself, from doses of 5 to 20 grains, always an increase of the beats of the pulse, 10 to 15 to the minute; larger doses diminished them to 40, with considerable sinking of the heat of the body in febrile diseases.

Wittman (*Chininum sulphuricum*, Mainz, 1827) made some physiological experiments. A healthy young man of 18 years felt a little chilliness after 4 grains, and his pulse increased in number. A young farmer took 24 grains in 24 hours. Towards evening he felt chilly, the pulse became celer et frequens, dryness of the mouth set in with thirst, and he passed a restless night.

Hirschel, an allopathic physician, reports, 1825, in *Hufeland's Journal*, that the young daughter of a mayor was attacked the second time, after a year, with intermittent fever. After suffering for eight weeks, Quinia was given, 1 grain every two hours, and after each dose a slight febrile paroxysm was observed, consisting of chill, heat, and sweat, and lasting about three-quarters of an hour, but gradually growing weaker after each paroxysm.

In the manufactories of Quinia, we observe swelling of the

hands and arms, which become all covered with pustules, and pass over into scaly affections; redness and inflammation of the eyes; swelling of the face, so that the eyes become sometimes closed; sometimes swelling of the sexual organs, which become covered with small vesicles and prurigo (B. Schuchardt's *Handbuch der Arzneimittellehre*, and Chevalier, *Annales d'Hygiène*).

After all the labors of allopathic physicians to explain the action of Quinine, we have to return to the provings of Hahnemann in order to become acquainted with the peculiarities of Cinchona. Here we learn that Cinchona causes ill-humor; a fitful mood, with disposition to quarrel with everybody; that the sleep is restless, with vivid, frightful dreams; and continuance of the dreams, with the eyes wide open, so that he can hardly rouse himself from his dream. In the head a pressing pain, especially at night. The pains produced by Cinchona are darting, lacerating, aggravated by motion and touch, even *produced* by the latter when not present. Cinchona rouses the sexual nerves, and causes in women too early and too copious menstruation. Hæmorrhages were even observed after the drug, from the nose and the chest. Hahnemann considers characteristic the frequent and easy diaphoresis and diarrhœa, also the debility, combined with great irritability of the nervous system. That Cinchona suits not only intermittent fevers but all diseases with an intermittent type has not been discovered from the physiological provings, but *a posteriori ex usu in morbis*.

The organs which are decidedly affected by Cinchona are especially the brain, the spinal cord, and the heart. Rademacher is perhaps right in considering it a cutaneous remedy, inasmuch as he also considers intermittent a cutaneous disease. Whether we are justified in considering the cure of a swamp intermittent a homœopathic one can only be determined when we possess a clear idea regarding the essence of febris intermittens. At any rate we cure many intermittents without Cinchona. Sorge used to practice in a paludal country; at least three-fifths of the cases needed Quinine in doses of 4 to 6 grains pro die; nearly two-fifths were cured by Ipecacuanha, Nux vomica, Pulsatilla, Sabadilla, Belladonna, Arsenic; a number of chronic cases, treated without effect with Quinine by allopathic physicians, yielded to Arsenic, mostly in small doses, even in the 20th and 24th decimal dilution.

A case consisting only of a severe chill, yielded rapidly to

Sabadilla; a boy complained during the paroxysm of headache as soon as he looked at water, and during the heat he felt as if he looked into the sun. The case was cured by Belladonna. A servant girl was cured, in the country, by Quinine, of an intermittent fever, in fourteen days (autumn, 1873). During September, 1874, she felt very unwell, in Berlin, and came down with tertian fever. Chill, heat, copious sweating, tongue coated, loss of appetite, eyes icteric, spleen swollen. September 26th, her second paroxysm, *Nux vomica*^{2x}, 5 drops every two hours, in water. The paroxysm of the 28th was much milder; she vomited during the night, and since that time, up to this day, she enjoys good health. According to Hahnemann, Cinchona in the smallest dose suits only those intermittents which have thirst neither during the chill nor during the heat but only during the sweat, and which set in with peculiar symptoms, as vomiting, sneezing, etc. Hahnemann also gives the practical advice that the patient should leave the malarial region if he wishes to be perfectly cured.

According to Hahnemann, Cinchona suits only those states of debility caused by loss of fluids, especially from too many pollutions or onanism. In nervous debility, without disease of any organ, it finds competitors in Phosphor. and Phosphoric acid. Phosphor. is recommended in paroxysms of sudden debility and syncope; Cinchona by the typical appearance of certain manifestations. Phosphoric acid suits where a tendency to sleep prevails; a quiet depression of mind, with dislike to conversation; a perfect absence of all sexual desire, and of all erections; an aversion to music.

Hahnemann also recommends Cinchona in diarrhœa with discharge of undigested food, in lenteria. Sorge found Cinchona less curative for the diarrhœa than for the debility arising therefrom. He also recommends it in moist gangrene, in suppuration of the lungs with pains in the muscles of the thorax, aggravated by the touch; in many icteric affections, and for pains becoming excessive by the slightest touch.

Kuchenmeister uses Quinine especially in swelling of the spleen, and affirms that other diseases, *e. g.*, epilepsy, may also be cured by the same remedy, when simultaneously the spleen is also found enlarged. At the present day allopaths use Quinine in large doses for divers severe fevers, and to reduce the temperature. This is mere symptomatic treatment, as in pneumonia, pleurisy, articular rheumatism, etc. Still Bouchut cautions against such treatment, although he found

the same qualities in Quinine when proving the remedy on himself.

I pass by the many recommendations of Quinine in all typical diseases and give only a few examples: A woman, irritable, weak, usually sleeping very restless, her menstruation copious, debilitating, lasting too long and setting in too early, complains of transitory pains in the left side of the head, in the teeth, in the cheek-bones to the ear, less during rest, and thus not troubling her during the night, *waking her up, and aggravated by any noise*, and appearing when the feet become cold. The cheeks and the gums moderately swollen. Cinchona, 1st, gave quick relief. A few years ago the woman suffered for nine months from the same pain. Another delicate, nervous woman, who passed in four years through four confinements, complained for several weeks of severe pains in the throat and neck, so that she could only speak with difficulty, appearing always in the evening and continuing till she went to bed. Nothing abnormal could be detected in the throat. China³, 3 drops three times a day, removed the whole quickly.

The loss of nervous power from overstudy, care, and grief, etc., acts similarly to the loss of fluids. Cinchona is our sheet-anchor in the repeated hæmorrhages during puerperium, and for menses nimii. As a palliative, it acts well in the night-sweats of consumptive patients. Deventer treats psoriasis and ichthyosis sometimes with Cinchona, and has seen good results in the former disease. The late ophthalmologist Boehme cured five cases of glaucoma, with nearly regularly intermitting paroxysms, with moderate doses of Chinin. sulph.

OBITUARY.

E. H. RUDDOCK, M.D.

WE much regret to announce the death, after a very brief illness, of Dr. Ruddock, the author of numerous well-known manuals of popular medicine, and editor of the *Homœopathic World*.

Dr. Ruddock returned from his city chambers to his residence in Reading, on Friday, the 17th ult., feeling chilly; nevertheless, and notwithstanding the intense coldness of the evening, he was induced to visit a patient. On his return home he was prostrated with an intense rigor, followed by acute pain in the lower dorsal portion of the spinal column. He rapidly lost consciousness, and on the 19th sank into a state of coma, from which he never completely rallied. His death took place on the 23d ult., in the 53d year of his age.

Dr. Ruddock was a striking specimen of the success which waits upon

well-directed energy and inflexible determination. The son of poor parents, receiving only an indifferent education, and his youth passed in manual labor, he was an entirely self-made, self-taught man. His original trade was, we have understood, that of a stonemason. He was, we believe, early brought under the notice of the late Mr. Turner, then a chemist in Manchester. Through him he was enabled to open a shop, and act as an agent for the sale of Mr. T.'s medicines. This he did at Hanley, in the potteries; at the same time he travelled throughout that district, selling Turner's medicines and books on homœopathy.

His next move was to Woolwich, where he opened a shop as a homœopathic chemist. Whilst there he attended the lectures at St. Bartholomew's Hospital, and was in due course admitted a member of the College of Surgeons. He subsequently received the degree of M.D. from the University of Erlangen, and the license of the College of Physicians of London. After practicing for a short time in the neighborhood of Woolwich, he removed to Reading, where he has since resided.

Dr. Ruddock will be remembered, as he has been chiefly known as an indefatigable bookmaker. He has done a good work for homœopathy, and we can ill afford to lose the services of one who has devoted so much energy, who has toiled so laboriously, and who was still ready for fresh exertions in promoting the advancement of that cause, the interests of which he held so dear.—*Monthly Homœopathic Review*, January, 1876.

BUREAU OF INQUIRY.

[All communications for this department must give the name and address of the writer, which will be published or not, per request.—EDITOR.]

1. Can you give me brief directions for the *Examination of Urine*? —(Dr. T. C. F.)

The following brief directions are from the scheme of Professor Bedford, of New York:

Chemical Examination of a portion of (Filtered) Urine.

1. Acid or alkaline; use litmus-paper as a test.
2. Specific gravity, use sp. gr. bottle or hydrometer.
3. Nitric acid is added; if crystals form abundantly there is excess of urea; if a precipitate, albumen may be present.
4. A portion is heated, a precipitate indicates either albumen or phosphates.
5. To the precipitate from No. 4 (in the tube) add nitric acid. Phosphates are dissolved, albumen is not dissolved.
6. To a portion of urine add the copper test solution with heat; a reddish-yellow precipitate indicates sugar.
7. A portion is tested with nitric acid; if precipitate is abundant and of light color—albumen; if scanty and of red color—uric acid.
8. The urine when boiled forms a dark coagulum—blood.
9. The urine mixed with a warm solution of urate of ammonia gives a pink precipitate—purpurin.
10. The urine (deprived of albumen by heat) has a few grains of sugar added, and then sulphuric acid drop by drop: a deep-red color indicates bile.

11. Solution nitrate of silver precipitates chlorides. (The urine must first be freed from albumen. Each grain of precipitated chloride of silver, when dried at 212° F., represents $\frac{1}{10}$ gr. chlorides.)

12. Unfiltered urine, if milk-colored, or if, on standing, it gives a heavy milk-white deposit, contains chyle.

Examination of Urinary Deposits.

1. Deposit white, see 2; colored, see 6, 7, and 8.
2. Deposit soluble when heated; urates.
3. Deposit soluble in ammonia; cystin.
4. Deposit soluble in acetic acid; earthy phosphates.
5. Deposit insoluble in acetic acid; oxalate of lime.
6. Deposit crystalline; uric acid.
7. Deposit amorphous, faintly colored, readily soluble when heated; urates.
8. Deposit strongly colored, slowly soluble when heated; urates, tinged with purpurin.
9. Deposit greenish-yellow, easily diffused by agitation; pus.
10. Deposit ropy and tenacious; mucus.

2. Have you read the *criticism* of Dr. Guernsey's work on *Obstetrics*, etc., in the December number of the *Monthly Homœopathic Review*, and if so, what do you think of it? (Dr. B. J.)

We have read the criticism referred to, and "think of it" as follows: 1st. That it was written for the purpose of showing how very unfair and unreasonable an English critic—usually so fair and reasonable—can be, and solely intended as an edifying example; or, 2d, that the critic, knowing Dr. Guernsey as a member of that branch of the homœopathic profession called "purists," "Hahnemannians," "high potentists," "homœopaths," etc., resolved that the doctor had no rights which he, the critic, was bound to respect, and girded at him accordingly. If the *criticism* was not a joke, then the critic's idea of a work on obstetrics, etc., is, that it must be constructed after approved models, and that in whatever point it varies from these it is necessarily wrong. He does not appear to recognize the fact that an accoucheur of the large experience of Dr. G. has a right to express *his own views* on various points of practice, but in a wholesale manner, and without argument, condemns as utterly wrong these points of difference. He admits that the use of the bandage after parturition is a disputed point, but does not seem to know that the ligation of the funis as a necessity is also denied by very many practitioners, who claim that it is better to allow the blood to drain from the vessels and the hæmorrhage to cease of itself, which it does in a few moments after the cutting of the cord. The subsequent use of the ligature, whether as a matter of surgical safety or for the sake of cleanliness, is practiced by many of those who do not tie before cutting; but critic does not recognize the fact that Dr. Guernsey is, so to speak, the there are many others who do not use the ligature at all. And again, the apostle of a new dispensation, viz., the treatment of the diseases peculiar to women and of many of the emergencies of obstetrical practice by homœopathic medicine alone, and as such, speaking as he does from his large experience, and that of others, he is entitled to a respectful hearing, and not to a summary and flippant condemnation. The *Review's* review may possibly interfere somewhat with the sale of Dr. G.'s book in England, but it can do no harm in this country, where the profession acknowledge their obligations to the author for the good of his work, however greatly they may differ with him as to some of the theoretical

or practical points of its contents. In brief, the criticism is absurd; so absurd that even Dr. Guernsey, the most interested party, don't get mad about it worth a cent.

(Dr. C. P. K.)—Amylic alcohol, *i. e.*, Alcohol obtained by the fermentation of potato starch, furnishes the *Nutrite of amyl*. It was Professor Guthrie, who, while distilling over the nitrite from Amylic alcohol, observed that its vapor, when inhaled, quickened his circulation, and made him feel as if he had been running. There was rapid action of the heart, breathlessness, and flushing. These effects were carefully studied by Dr. Richardson, who discovered that it produced an extreme relaxation, first of the bloodvessels and afterwards of the muscular fibres of the body. So powerful was this agent, that it would even overcome the tetanic spasm produced by strychnia, and therefore it was proposed for removing the spasm in some of the extreme spasmodic diseases. "Under the influence of this agent," says Dr. Richardson, "one of the most agonizing of known human maladies, called *angina pectoris*, has been brought under such control that the paroxysms have been regularly prevented, and in one instance, at least, altogether removed. Even tetanus, or lockjaw, has been subdued by it, and in two instances of an extreme kind, so effectively as to warrant the credit of what may be truly called a cure."

For further information regarding the pathogenetic and curative effects of this powerful agent, you are referred to Allen's *Encyclopedia* and Hale's *New Remedies*, latest edition.

(A Friend to Life Insurance and Truth.) You are quite mistaken, and the assertions made by the Homœopathic Mutual Life Insurance Company of New York, that the company is the only *homœopathic* life company in the world, is true in every particular. The old Hahnemann "sold out" to the Republic, of Chicago, some time ago, and the Atlantic Mutual, if it be in any way a *homœopathic* company is not such openly and squarely. Thus the New York company stands alone, and publishes its faith with its name. While we do not wish to be understood as disparaging any company, we do wish to be regarded as particularly favorable to the "Homœopathic Life," because it *is homœopathic*, and identified with our school in every way.

PUBLICATIONS RECEIVED.

ORGANON OF THE HEALING ART. By Samuel Hahnemann. *Aude Sapere*. Fifth American, translated from the fifth German edition, by C. Wesselhæft, M.D. Boericke & Tafel: New York and Philadelphia, 1876. Pp. 244.

Strange though it may seem, the publishers of homœopathic works declare that no book in their hands sells so slowly as does the *Organon* of Hahnemann, but as "constant droppings wear away the stone," so constant sales at last exhausted all the editions of this wonderful work that had been published up to the present year. This made a demand for a new edition, and as there had been much spoken and written regarding the errors, mistranslations, and falsifications of previous editions, and the serious consequences resulting therefrom, Messrs. Boericke & Tafel, having determined to publish the work anew, with their characteristic enterprise and *esprit du corps*, determined that the new edition

should be new indeed—in fact, a new translation. And to insure a correct rendition of the text of the author, they selected as his translator Dr. Conrad Wesselhæft, of Boston, an educated physician in every respect, and from his youth up perfectly familiar with the English and German languages, than whom no better selection could have been made. That this translator has done his work conscientiously we are fully convinced; that he has done it well, none but those who are thoroughly acquainted with the German original are competent to judge; but that he has made, as he himself declares, “an entirely new and independent translation of the whole work,” a careful comparison of the various paragraphs, notes, etc., with those contained in previous editions, gives abundant evidence; and while he has, so far as was possible, adhered strictly to the letter of Hahnemann’s text, he has, at the same time, given a pleasantly flowing rendition, that avoids the harshness of a strictly literal translation. “Each paragraph of the *Organon* generally consists of a single uninterrupted sentence, which, like a ponderous block of stone hewn and sculptured by the skill of an artisan, seems to have been lifted with Titan power to fill its place and purpose in the structure. It was impossible always to reproduce these sentences in English. Plain English expressions and simplicity of style were needed to render the work accessible to the student. How far the translator has succeeded in this he submits to the decision of the generous reader.”*

“Although the *Organon* was translated in a spirit of reverence for its author, the chief motive was to afford our students an opportunity to become acquainted with the sources and the principles of the new school of medicine. In proportion as these are actually mastered, and in proportion to their isolation and abstraction from the adoration of the personality of their originator, their general and thorough adoption will be rapid or slow.”†

We trust this edition will be rapidly exhausted. Every homœopathic physician and undergraduate should be the owner of a copy of this wonderful work, should read it very carefully and often, and ponder over its contents. Our word for it, gentlemen, you will be the better for it as physicians and as homœopaths, and you will be often surprised to find that on subjects which to your minds were obscure, Hahnemann sheds a perfect flood of light, which renders them so bright and well-defined that even he who runs may read and understand. It is certainly a wonderful work, and to it and its author we do not hesitate to apply the words of a celebrated critic of Jean Paul:

“Withal there is something that incites us to a second, to a third perusal. His works are hard to understand, but they always *have* a meaning, often a true and deep one. In our clear, more comprehensive glance their truth steps forth with new distinctness, their error dissipates and recedes, passes into beauty, and at last the thick haze which encircled the form of the writer melts away, and he stands revealed to us in his own steadfast features, a colossal spirit, a lofty and original thinker, a high-minded, true man.”

The value of this volume is greatly increased by a copious index, is handsomely printed on pure white paper, and well sustains the reputation of its publishers in these respects.

On sale by Boericke & Tafel, and by all homœopathic pharmacutists.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA. *A Record of the Positive Effects of Drugs upon the Healthy Human Organism.* Edited by Timothy F. Allen, A.M., M.D., etc., with contributions from Dr.

* Translator’s Preface, p. ix.

† Ibid., p. xii.

Richard Hughes, of England, Dr. C. Hering, of Philadelphia, Dr. Carroll Dunham, of New York, Dr. Ad. Lippe, of Philadelphia, and others. Volume III. *New York and Philadelphia: Boericke & Tafel, 1876.* Pp. 640. Carlsbad—Cubeba.

Again we are called upon to announce the publication of a volume, the third, of this grand undertaking, and to commend anew the energy and industry of the editor and the enterprise of the publishers. Volume third in every way sustains the reputation of its predecessors. In it we have the pathogeneses of some very important remedies, such as Causticum, Chelidonium, Chamomilla, China, Caulophyllum, Cimicifuga, Cina, Cinnabaris, Cocculus, Colchicum, Colocynthis, Conium, etc. It is really surprising to observe how the pathogeneses of such well-known and well-used remedies as Caulophyllum and Cimicifuga are decreased when subjected to the test of this encyclopedia—"the positive effects of drugs upon the healthy human organism."

Dr. Allen has introduced into this volume the Cimex, "the festive bed-bug," against which we have an earnest protest from Dr. J. P. Dake, which will appear in the February number of this journal. Dr. Allen invites criticism and comment. His sole desire in this matter is to make a reliable work on *Materia Medica* for the whole profession, one that shall be a repository of the known effects of drugs. He can only accomplish this successfully by having his work freely criticized, and doubtful points of it freely discussed. That he is willing to be set right when wrong, and that he fully appreciates criticism and comment, witness the five pages of "Notes and Corrections" appended to this volume. So bring on your criticisms, *Materia Medica*ists, and let the question of the bed-bug, *et id omne genus*, be settled before volume fourth issues from the press. There be some who regard bed-bugs, caterpillars, wasps, bees, and ants as capital medicines, while there be others who regard these "insects" with as much abhorrence as medicines as they dread them in their own proper forms as biters, stingers, and ticklers of mankind.

The "Notes and Corrections" appended to this volume are very important. We would advise all subscribers to the work to mark these corrections in the proper places at once and now, and to at once attend to any future corrections that may be noted. It will take but a little time to make them neatly and accurately, and when once this work is done the text will be much more satisfactory.

This volume maintains the high character for excellence of paper, type, printing, and binding achieved for Volumes I and II. Messrs. Boericke & Tafel are still receiving subscriptions for the entire work, which, at the present rate of publication, bids fair to be completed in a shorter time than was stated in the editor's and publishers' prospectus.

EDITORIAL NOTES.

THE WORLD'S HOMŒOPATHIC CONVENTION.—The time appointed for this important meeting (June 26th) is rapidly approaching, and those who have in hand the preparation of essays and reports should bestir themselves to get their papers into the hands of the Chairman of the Committee of Arrangements, Dr. Carroll Dunham, of Irvington-on-Hudson, N. Y. It will be remembered that essays are to be printed and distributed to the debaters and others, and this cannot be done unless

they are in the hands of those having the work in charge in good season. Essays and reports from abroad are beginning to arrive. The historical and statistical report of homœopathy in England, prepared for the British Homœopathic Society, by Drs. Bayes, Hughes, Ker, Pope, and Nankivell, is a most interesting and valuable paper. The essays expected from Drs. Hughes, Nankivell, Wilson, Sharp, and Hayle, are nearly completed. The report from Spain has been received, together with essays from Drs. Nunez, Pellicer, and Villafranca, on various practical subjects, and a valuable paper on hysteria, from Italy. Reports from Sweden and Africa have likewise been received, and Dr. Dunham has been notified that the reports from France, Germany, Italy, Hungary, Russia, and some parts of South America are nearly ready, and that papers from Drs. Jousset, Chargé, Gerstel, Kafka, Müller, Mailänder, Bojanus, and others, will soon be forwarded. The papers received thus far are of a very high order of merit. Our own essayists should therefore do their best to uphold the credit of American homœopaths, and they *must* do so in order to make a creditable appearance beside our foreign guests and correspondents.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.—The twenty-fifth annual meeting of this society will be held in the Common Council chamber, Albany, N. Y., on the 1st and 2d of February, 1876, commencing on Tuesday, February 1st, at 10 o'clock A.M. Three sessions are to be held daily, at which, in addition to the transaction of important business, the various bureaus will present their papers for discussion. The usual *annual address* will be omitted (a good move), and the time heretofore devoted to its delivery will be given to the consideration of medical reports. It is the earnest wish of the President and Executive Committee that this meeting of the society shall be characterized by greater interest in the presentation and consideration of purely medical subjects. Messrs. Weed, Parsons & Co., of Albany, N. Y., are now publishing (at their own expense), Vol. II (new series), of the transactions of the society. All physicians desiring to secure this volume should send their subscriptions to the publishers. Price two dollars, postage prepaid. The Recording Secretary, Frank L. Vincent, M.D., of Troy, N. Y., desires that members shall remember that this meeting of the society takes place *one week earlier than usual*.

THE HAHNEMANN ACADEMY OF MEDICINE OF NEW YORK CITY.—The regular meetings of the Academy are held on the *fourth* Wednesday evening of every month, at the Ophthalmic Hospital building, corner Twenty-third Street and Third Avenue. Physicians visiting New York are invited to attend these meetings. The officers for 1876 are: *President*, Alfred K. Hills, M.D.; *Vice-President*, A. M. Pierson, M.D.; *Treasurer and Corresponding Secretary*, George S. Norton, M.D.; *Recording Secretary*, Clara C. Plimpton, M.D. The very interesting and valuable papers and

discussions of this association appear regularly in the *Hahnemannian Monthly*.

"STATE MEDICINE" IN CALIFORNIA.—The bills recently introduced into the legislature of California, relative to "the suppression of quackery and the protection of the citizens of the State from empiricism," have stirred up considerable bad blood among the medical fraternity, and the homœopathists, believing (and not without good reason) that there is a movement on foot to class them with the quacks, are out in a protest to the legislature, which is earnest, logical, and so powerfully drawn, that if that august body is not governed by bitter partisan feeling, which is probably the case, cannot fail to have very great weight with its members. In lieu of the bills before the legislature, the homœopathists of the State, through their chosen representatives, offer a bill which covers the ground and gives a fair showing to all practitioners of whatever school, without granting any special favors, rights, or privileges to any one class. This protest and the accompanying bill are signed by Drs. C. W. Breyfogle, of San Jose; W. C. F. Hempstead, of Marysville; Lester E. Cross, of Stockton; and E. J. Frazer, W. N. Griswold, F. Hiller, and M. J. Werder, of San Francisco.

The following editorial from the *San Francisco Chronicle*, is well worthy of perusal. It will be seen that the writer handles the subject "without gloves." The article is entitled, "*Shall we have a State System of Medicine?*" and the editor writes as follows concerning it:

"The idea of a State religion is one that has been utterly repudiated in every American community from the earliest period of our history as a nation. The organic law of the United States, and of every one of the commonwealths that compose it, forbids any alliance between Church and State, and wisely leaves all sects, creeds, and philosophies upon terms of perfect equality. The principle upon which this policy of noninterference is based applies as justly to medical as to religious creeds; doctors of medicine should be left, like doctors of divinity, to fight out their battles without any discriminating interposition by the State. It is no more the business of the Government to decide controversies between allopathists, homœopathists, and hydropathists than those which have raged so long and fiercely between Calvinism and Arianism, between Universalism with its free heaven, and orthodoxy with its brimstone hell. Yet just as rival religious sects have always sought the help of the secular power (where there was the slightest chance of obtaining it) to enable them to gain an advantage over their enemies, just so have the warring medical sects striven to invoke the aid of the secular sword to smite their antagonists. Nor is the bitterness of the animosities of the rival schools of medicine one iota less intense than the proverbial *odium theologicum* which finds a home in the hearts of devout disputants in regard to the attributes of deity and 'the plan of salvation.' The feeling between the allopathists and the homœopathists has for some years been

exceedingly hot, not only throughout the United States, but in England and on the Continent. In our own State there have been, during the last six or eight years, a number of rather indecorous, not to say scandalous, exhibitions of this unlovely spirit; and now the disciples of Hahnemann are making loud complaint that their crafty foes have introduced an insidious bill in the Legislature which is designed to brand them as 'empirics' and 'quacks,' and to establish allopathy by legal enactment as the State medical religion. The bill wherein the devout believers in the creed '*similia similibus curantur*' fancy that they discover the evidences of the guile and malice of their orthodox persecutors bears the harmless title, 'An Act to Protect the Citizens of the State of California from Empiricism and for the Suppression of Quackery.' The homœopaths, having examined said act with the keen scrutiny engendered by suspicion, claim to have made the discovery that its innocent title is a delusion and a fraud, and that instead of being, as it purports, a measure for the protection of the citizens of California, it is in fact designed for the protection of the allopathic or old school practitioners against the competition of their dreaded rivals. They have accordingly addressed to the legislature a spirited protest against the passage of the act, which protest will be found at length in another part of to-day's *Chronicle*, and will be interesting and entertaining reading for all persons interested in the impending medical war which is sure to be waged with animation on the reassembling of our law-makers next week at Sacramento. The protest is accompanied by the draft of a bill which the disciples of Hahnemann propose as a genuine remedy for the evils of quackery, which bill we also publish for the benefit of our readers. The battle of the doctors may now be considered as fairly begun. Both sides are plucky, pugnacious, and thoroughly in earnest. The opposing powers are well matched in numbers and in prowess, and it would be extra-hazardous at this stage of the campaign to undertake to predict upon whose banners victory will finally perch."

ALBANY CITY HOMŒOPATHIC HOSPITAL.—This deserving charity, which is the only homœopathic hospital in Northern and Eastern New York, is in a flourishing condition, in so far as its operations as a hospital are concerned, but its usefulness is limited, and its officers are hampered by a lamentable lack of funds, notwithstanding the fact that the board of trustees endeavor to conduct the business affairs of the institution with the greatest economy and pence. Money and housekeeping articles of all kinds are solicited, and it is to be hoped that the appeal of the management will not pass unheeded. Such institutions as this have a special claim upon the generosity of homœopaths, both professional and lay, who, in the bestowal of their benefactions, should not forget the medical institutions that furnish to the sick poor that form of medical treatment which they prize so highly for themselves.

DELAWARE STATE HOMŒOPATHIC MEDICAL SOCIETY.—This association, the organization of which, in 1875, was noticed in this journal, is reported to be in a flourishing condition. It has just published its constitution and by-laws in pamphlet form, from a copy of which we learn that it meets quarterly on the second Tuesday of January, April, July, and October, for the transaction of business, and the presentation and discussion of the reports of Bureaus of Materia Medica, Clinical Medicine, Obstetrics and Diseases of Women and Children, and Surgery. The officers for 1876 are: *President*, L. Kittinger, M.D.; *Vice-President*, J. R. Tatum, M.D.; *General Secretary and Treasurer*, J. M. Curtis, M.D.; *Corresponding Secretary*, C. H. Lanton, M.D.; *Censors*, Drs. A. R. Shaw, J. M. Curtis, W. B. Meloney.

NEW YORK OPHTHALMIC HOSPITAL.—The following is the report of this institution for the month ending December 31st, 1875, as furnished by Alfred Wanstall, M.D., *Resident Surgeon*:

Number of prescriptions,	2300
“ “ new patients,	238
“ “ patients resident in the hospital,	32
Average daily attendance,	88
Largest “ “	148

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—The regular meetings of the Society are held on the *second* Wednesday evening of each month, at the Ophthalmic Hospital Building. The officers for 1876 are: *President*, E. M. Kellogg, M.D.; *Vice-President*, John C. Miner, M.D.; *Secretary*, Alfred K. Hills, M.D.; *Treasurer*, H. C. Houghton, M.D.; *Librarian*, Alfred Wanstall, M.D.; *Censors*, Drs. C. A. Bacon, A. Berghaus, J. A. Terry, F. E. Doughty, William N. Guernsey.

THE MICHIGAN UNIVERSITY SCHOOL OF HOMŒOPATHY.—The troubles connected with this institution appear to be perennial. It was hoped and supposed that with the appointment of Professors Jones and Morgan, matters would be allowed to rest quietly until the good faith of Dr. Angell and his colleagues had been tried. But it would appear that the ferment has been working quietly all the while, and is in danger of once more producing trouble. The new professors should receive the support of the entire profession of the State, for one year at least. They are able men, capable of upholding homœopathy before the world in a creditable manner, and in no way connected with the personality of the Michigan war, and for these reasons they should be earnestly and fraternally supported.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, February, 1876.

No. 7.

TYPHOID FEVER.

BY L. H. WILLARD, M.D.

(Read before the Alleghany County Homœopathic Medical Society.)

THE epidemic of typhoid fever which visited Alleghany, Pa., during the past autumn, seemed to begin, not by any well-defined preliminary symptoms such as characterize most epidemics, but with a rapidity unequalled except by those of a malignant character prevailing in the tropics.

The previous summer was as healthy as usual; in fact on the 1st of October we had a better health rate than for many previous years. This continued until about the 10th of the month, when a few cases of typhoid fever were reported, and from that time until the last of the month the cases multiplied with astonishing rapidity, so that by the 1st of November *over a thousand cases were under treatment.*

New cases still developed until the first fall of rain, which occurred about the first week of November, when the disease seemed to have reached its acmé, and correspondingly few cases have occurred since; I think it is safe to say no more than are usually found in winter.

From the report of the health officer we find that the number of deaths occurring from typhoid fever from October 10th to December 1st was one hundred and twenty-three. Of these ten died under homœopathic treatment. The number of cases treated by the homœopathic physicians of Alleghany was about two hundred and twenty-five; thus showing a percentage highly creditable to our school.

I am unable to attribute this epidemic to any other than

zymotic causes. We might say with Hippocrates that to have good health we must have pure air, pure water and pure food ; but the absence of either would not produce the disease. Still we have to confess that during the past season we have had neither pure air nor pure water. The absence of pure water makes us acknowledge that we have had impure air. The reason for such a state of things was owing to the bad condition of the waterworks, which seems to be true as to both Pittsburg and Alleghany. A low condition of water in the reservoir made it necessary for all to be careful in its use, and, as a consequence, when the fireplugs were opened during the epidemic vast quantities of mud were found in the pipes. The sewers having such small quantities of water passing through them allowed noxious gases to arise.

In addition to this we might mention a flood which occurred during July, and which inundated a portion of the city, sweeping away, in its course to the river, houses with their inhabitants, filling the streets and cellars with mud and the refuse of slaughter-houses.

Notwithstanding these conditions we can find no adequate solution of the cause which gave rise to this fever.

It is natural to suppose that if impure water would produce the disease, we might look for the greatest number of cases in the lowlands along the river, or on those runs which had been inundated ; but the contrary has been the case ; there have been fewer cases along the runs or along the river, in what is termed "the bottom," than on the hillsides where the drainage and air are the best. In fact the hillsides suffered the most.

On the other hand our sister city, Pittsburg, although supplied with water from the same source, has not suffered in comparison. Neither is there anything in the situation of the two cities to make one more exempt than the other.

We cannot accept, then, the idea of the French that noxious gases or foul water caused this epidemic. Neither can we accept the views of an English commission which attributed typhoid fever to the use of impure water ; for, in the first place, the experiments of Sir William Gull, in regard to the idea of air, were ably refuted when he compared some eighteen night-soilers with the same number of laborers, and found that the laborers were more liable to typhoid fever than those whose constant occupation was in the midst of the worst effluvia. The committee appointed by the Privy Council of Great

Britain made as their report that of the causes which produced typhoid fever impure water was the most to be feared, and cited as instances a collection of houses at Brompton, all supplied from one well, and in each of which there occurred one or more cases of typhoid fever, while the other houses in the vicinity, supplied with water from other sources, were exempt; and, furthermore, that when this impure well had been cleaned out and thoroughly purified the fever disappeared.

It does not seem possible for us to accept these ideas, for, as has already been cited, we had less of the epidemic where we expected most; and foul air, impure water, and the effluvia arising from decaying animal and vegetable matter have not, in this epidemic, increased the virulence or multiplied the number of cases of the disease. We do not wish to be understood that the impurities already spoken of have nothing to do with epidemics of typhoid fever. We can readily understand how they may tend to render them more malignant and increase their length; but to produce a pure case of typhoid fever I think there must be something else.

One other fact in regard to the cause: It has been noticed in Great Britain that the hospital statistics show more cases of typhoid fever in those seasons in which a heavy fall of rain is followed by dry weather. This was the case in that country in 1854-56-60-64, and during those years the fever prevailed to a great extent. Royalty was not exempted, and perhaps it is through the sickness of the Prince of Wales that we are indebted for a number of recent interesting papers in relation to this disease. What has been noticed in Great Britain has been confirmed here, and you doubtless all remember that we had a great fall of rain during September, followed by excessive drought.

There are other causes which might be mentioned, but they would not bring us nearer to the origin of this epidemic.

We cannot, therefore, attribute the origin to any one cause. There are many causes which *might* produce disease, but to prove conclusively that they *do* is a matter of great difficulty.

SYMPTOMS.—The symptoms which attended this epidemic were not so long in a dormant state as they generally are in typhoid fever. The preliminary suffering was rather of a typho-malarial character, and continued as such until the more violent symptoms showed themselves, oftentimes mis-

leading the physician into errors of diagnosis. The most serious cases, as well as the lightest, began with a feeling of malaise, accompanied with a chill or chills, and the next day the patient would be somewhat better. This continued for a week, more or less, when increasing loss of strength compelled the patient to go to bed, and a physician would then be summoned. On examination the tongue would be found moist and tolerably clean, the skin cold, pallid, and free from any rash, the pulse slightly accelerated, the mind clear, and expression natural; the bowels were constipated or there would be a slight diarrhœa. The patients would remain in this condition for some time, with more or less nausea in the morning, but soon the signs of the disease would become manifest. There would then be an aggravation of the early symptoms, anorexia would be increased to nausea, with, sometimes, vomiting of a green fluid. The skin would become hot and dry, the pulse increased in frequency, the tongue furred, with red papillæ on the edges and tip, with great restlessness and increased headache. The bowels would then become loose, and the abdomen a little full, painful and tender, the right iliac fossa especially so, and pressure on this part would produce gurgling and pain. At this stage, in many cases, though not in all, a few rose-colored papules were found, which disappeared on pressure. These would disappear and others form during the course of the disease, but they did not serve as an indication of the gravity of the case. This stage would last a few days, when, in a majority of cases, diarrhœa would set in, when all the symptoms would be aggravated; the pulse would range from 120 to 130; the skin would be hot, and towards evening the temperature in cases I examined would be from 104° to 108° . During this stage there would sometimes be delirium; in others no delirium during the course of the disease. At this stage symptoms of active pulmonary congestion, if present in first stage of the disease, would now become aggravated, as evinced by accelerated breathing, pain in the chest, and sometimes expectoration streaked with blood. The patient would remain in this condition for several days, the body in the meantime becoming emaciated. (If they did not become emaciated, especially with the accompanying diarrhœa, they generally proved to be serious cases.) The tongue would sometimes continue moist, and be pale, large, and flabby; in other cases it would become red, contracted, and fissured; the gums sometimes bled, and then formed sordes; the abdomen

became tympanitic; there was no appetite, but a craving for quantities of water.

At this stage, if the gastric disturbance was quieted and a desire for food manifested, a turning-point in the disease would be arrived at, and with decreasing fever, some sweats at night of a warm character, with moisture about the tongue, a copious eruption of sudamina on the abdomen, and no delirium, the patient soon made a recovery, providing no relapse occurred from a too profuse or badly selected diet.

Those patients, however, in whom the disease remained unchecked, would have increasing diarrhœa; the abdominal pain would be increased, also the tympanitis, and they would lie motionless, drowsy and apathetic. Tremors would now be perceived, and the knees were drawn up. The countenance would become flushed and pinched, the skin hotter, the temperature increased sometimes to 110° , the pulse small and thready, the stools involuntary and the urine retained. These symptoms would end in profound coma, from which death soon released the patient.

The above is a type of the serious cases. The variety was great, from the slightest, where the patient was able to walk or did walk the most of the time, only lying down occasionally from weakness, to the gravest forms, where the meningeal trouble seemed to accompany the disease and finally destroy life.

The urgent symptoms manifested themselves by the patient being overtaken with headache, shivering and purging, followed by general pains and more or less pyrexia; then complete anorexia and nausea and vomiting, pain in the abdomen and thirst. The prostration was marked—so great that the patient would take to his bed. The bowels were moved two or three times a day, and the febrile symptoms and abdominal pain continued. The tongue was moist and usually covered with a white fur, the edges and tip being red, showing here and there raised red papillæ. On the seventh day, or a little later, a few rose-colored papules would appear on the abdomen, chest, or arms; the belly would be a little full, with great tenderness and gurgling in the right iliac fossa. The patient was unable to take food, and would be distressed by occasional vomiting of bilious fluid. The fever was high; there was great restlessness by day, with broken sleep and delirium at night. Pains would then be complained of in various parts of the body; the hepatic and splenic regions

were tender, and dulness could be perceived in the splenic region. The breathing was quick, accompanied very often with some cough, and evidence of active congestion or of acute inflammation of the lungs was rarely wanting during this stage.

These symptoms would persist with greater or less severity for the next week or ten days, the patient passing from two to six watery ochre-colored stools, mixed with a few shreddy flocculi, every day. The tongue became dry, with red irritable edges, and elsewhere covered with yellowish-brown, cracked fur. Almost all of these patients who escaped hæmorrhage or perforation at this time recovered. The fever grew less at the expiration of the second week; the appetite slowly returned, the tongue in the meantime cleaning from the edges toward the centre, the papillæ gradually losing their inflamed appearance. No more papules showed themselves on the body; the urine became loaded with deposits; the diarrhœa grew less; and in this manner, at the expiration of the fourth week, the patients were rapidly convalescing, afflicted at night with sweats, which became less profuse as the patients grew stronger.

These were the favorable cases, and the most common. There was another form, which had profuse perspiration throughout, with all the symptoms mentioned in the common variety, with these exceptions, that the pulse was not so frequent nor the tongue so dry. These cases were a long time in getting over the fever, five or six weeks being the earliest. In some of them meningeal irritation would make its appearance, thus rendering them more grave. The patients generally expressed themselves as doing very well—always comfortable. I found them most difficult to treat on account of the tendency to relapse. These relapses were accompanied with delirium of the most violent kind, making its appearance at the expiration of the third week. Accompanying the delirium there would be tremors or muscular twitching, which, if accompanied with abdominal distension and dry tongue, would generally end in death. Those cases accompanied with much gastric disturbance were also long in convalescing. The vomiting persisted, in one case I attended, for two weeks, no food could be taken, and were it not for the enlargement of the spleen and soreness in the right iliac region, with great pain on pressure upon that spot, with a few papules scattered over the body, I should have pronounced it gastric fever.

In some cases the parotids became swollen. I can state but one case of this kind that happened in my practice. Death relieved this patient of his suffering, on the seventeenth day, by profuse hæmorrhage. The patient was a boy in robust health before his sickness. He had been complaining, for a week before I visited him, of symptoms such as described under the common form. His case seemed to progress, until the fourteenth day, without anything unusual happening. He was then getting a little food, consisting of four teaspoonfuls of milk every three hours; he had one or two stools a day, of a yellow color; the tongue was moist and cleaning from the edges; pulse 100; temperature 102° . All symptoms seemed promising. On the afternoon of the fourteenth day he became delirious, and during that night he passed about half a pint of dark-looking blood. I saw him the next morning; he was then very weak and exhausted, still delirious, and had tremors or twitching of muscles; pulse 120; tongue pale, but still moist; soreness of the right iliac region, with slight distension of the abdomen; urine scanty; feet cold; temperature under the tongue 100° ; great thirst for small quantities of water. On the sixteenth day, when I visited him, I found that he had passed the night without any hæmorrhage, and had taken some nourishment, consisting of sherry wine and water in equal proportions; had slept about three hours, a very uneasy sleep; the muscular twitching still continued; tongue dry and red; feet still cold; abdomen distended but little more than on the previous day; soreness in iliac region the same; pulse 130; temperature 99° ; the parotids on both sides slightly swollen; has some difficulty in swallowing. On the seventeenth day the parotids were rapidly enlarging; delirious all the time; muscular twitchings so great as to prevent feeling the pulse at the wrist; pulse at temporal region 135; tongue dry and cracked; abdomen more distended. In the evening, when I saw him last, the parotids were swollen as large as the fist. He was unable to take any nourishment; had a slight discharge of blood per anum at 12 M. This condition continued until midnight, when he seemed to be growing steadily worse. At that time, or somewhat earlier, a profuse hæmorrhage took place, pouring from his nose, mouth, and anus; after which he grew comatose, and died in about two hours. I was unable to make a post-mortem examination, but feel confident that there was not only hæmorrhage from the bowels, but from the parotid region also.

In those cases where profuse hæmorrhage took place, there was almost always preceding delirium of from six to twelve hours' duration, with an urging to stool, oftentimes ineffectual and accompanied with pain, which, being relieved by the use of an enema, was followed by a profuse discharge of blood, and afterwards by great relief.

In regard to cases in which bronchial symptoms were prominent, their course differed but little from the common form with the exception that the pulse was higher, and they continued no longer than others.

Dr. J. F. Cooper observed, in some of his cases, great tenderness in the umbilical region, but no post-mortem examinations were made. Perhaps in those cases there would have been found inflammation of the glands in the transverse colon.

In regard to sequelæ following the epidemic, I have only noticed those of a rheumatic and neuralgic character, which soon passed away. The patients mostly made favorable recoveries, regained their strength slowly, and only in those cases afflicted with some tubercular trouble did the disease seem to add to the already existing weakness of the system, and thus render recovery incomplete.

I have tried to glean as many prognostic signs as possible; many of them have been found true. I give them as they were observed.

PROGNOSIS.—*Delirium.* Delirium occurring during the first week of a case not characterized by muscular tremors was not unfavorable. (Perhaps it would be well for me to explain what I mean by these tremors. It is this: Patients very often have muscular spasms or jerks, but I mean those tremors which are felt when you take hold of the wrist; even though the hand be extended you can feel the muscles twitching, although to all outward appearances the limb is perfectly quiet.) Delirium occurring during the last part of the second week was very unfavorable, either showing a tendency of the brain to become involved by the progress of the disease or through errors of diet. Of these two cases, the latter was the least unfavorable. As a general rule, those patients who had violent delirium with the onset of the disease, made rapid recoveries if the delirium was unaccompanied with meningeal irritation or great prostration of strength. Again, the continuance of delirium after four days was serious, and if followed by coma soon terminated in death; whereas delirium

at night or sometimes during the day for the first week was not uncommon or unfavorable.

Urine.—In reading the different works on this fever I noticed that, with few exceptions, no notice is taken of the urine as a means of prognosis; but attracted by an article on fever in *Braithwaite's Retrospect*, if I remember rightly, I was induced to try it on board ship, with a result very favorable. It was this: During the second and third week, unless it was in those cases where death took place before the patient was much emaciated, the urine generally remains clear; but if we examine at that time a glassful of urine after it has stood for six hours, a cloud will be noticed, and this will gradually settle to the bottom of the glass if the case is favorable, or remain stationary if the patient is not improving, and finally as the case grows worse, become invisible to view when the urine is examined daily. In this epidemic I observed a great many cases, and whilst in some this condition above noticed was observed, in others it was totally wanting. Dr. Chantler failed to notice it in some bad cases he attended. The English writers do not mention it as a prognostic sign.* I cannot say that this has been a reliable prognostic indication during this epidemic, but think it should be taken in conjunction with others.

Sweat was favorable if not clammy or cold. During the first stage it was unfavorable if cold and accompanied with delirium. Occurring at the expiration of the second week, and warm, it was favorable, showing perhaps a crisis in the disease. So long, however, as there was no moisture about the body, the patients did not improve, but made a slow recovery.

Temperature.—A decrease of temperature was noticed in favorable cases at the expiration of the second week. The greater these fluctuations of temperature at the end of the second week, the more favorable the attack. Again, if the temperature fell considerably in the morning, even though the evening rise was greater, the prognosis was favorable. On the other hand, if the temperature during the second week remained continuously high, we predicated a severe and prolonged attack. Again, the first indication of improvement in cases where there was persistent high temperature was probably a decline in the morning, and if this continued, even

* See Rapou on Typhoid Fever.—EDITOR H. M.

though the evening temperature remained the same, we concluded the fever was abating.

Hæmorrhage was unfavorable if it occurred after two weeks had elapsed and the patient was much exhausted. Death generally resulted. Of three cases of this kind occurring under my observation two died, and the third made a lengthy convalescence. The quantity indicates the danger.

Pulse.—If quick near the third week, from 100 to 120, it was unfavorable, indicating in most cases a rapid wasting of the system; but when the pulse was slower in the morning and high during the evening it was generally favorable.

In some of these cases, with bronchial irritation, the pulse was quick even after the patient had begun to convalesce, and continued so until the irritation of the bronchi ceased. Hence, in those cases the quickness of the pulse was not so unfavorable as when it depended upon the abdominal or cerebral trouble. A slow pulse—extremely slow—of from 40 to 50 or 60 did not always indicate a serious termination from the lesions of Peyer's glands, but rather a weakened state of the circulation from nervous prostration, the patient remaining in a state of apathy, which was gradually overcome and the pulse resumed its normal beat.

Diarrhœa.—Was favorable if consisting of ochre-colored stools, not exceeding two movements a day; but when greater than this, and persistent, with the color changing to a watery brown, and finally becoming involuntary, it was unfavorable. Again, diarrhœa alternating with constipation was not so unfavorable as persistent diarrhœa; but, at the same time, if occurring in strumous subjects who had marked hectic symptoms, it was very unfavorable, showing, perhaps, tuberculous disease of the bowels. It was generally observed that all those patients who had diarrhœa at the outset of the disease, with a gradual cessation as the disease progressed, made favorable recoveries.

Emaciation was favorable if occurring before the third week; or in other words the emaciation must be in accordance with the pyrexia of the fever. If there was a high temperature of body, a corresponding quick pulse, and the patient did not lose flesh, there was generally a lurking trouble which sooner or later manifested itself by delirium.

TREATMENT.—Perhaps in no disease in its primary stages is it so highly important to make a careful selection of the remedy as in this, and then, having administered the remedy,

to continue the same until the urgency of the symptoms demands a change.

In this epidemic this was fully corroborated, and I must confess that in some cases I made changes only to find the cure retarded or even life imperilled. The ordinary hydrant-water not being fit for use, it was necessary to have water prepared, by filtering and distillation, for drinking and for medicine. Powders of sugar of milk or globules saturated with medicine increased the sickness of the stomach, and pure cold water became necessary.

The remedies used were: Acon., Ars., Bell., Bry., Rhus tox., Nux vom., Phos., Mur. acid, Phos. acid, Hyos., Macrotin, Gelsem., China, Bap., Arn., Opi., Carbolic acid, Ailanth., Nitric acid, Oleum terebinth.

In a great number of cases the treatment was conducted in this manner: Perhaps on the first visit a careful examination of the symptoms would point to Bryonia, which would be given for the first two days, at intervals of two hours, then every three hours, until two more days had elapsed; then, should the case progress favorably, at intervals of four or five hours, and so on, never giving any other remedy during the attack unless a change was needed. In many cases we could anticipate the remedy needed. Thus, when the thirst continued and the diarrhoea seemed to increase, with more feebleness of pulse, Arsenicum was generally used, the physician not waiting until a complete change in the nature of the case made it evident that other remedies must be tried, but, by anticipating, warding off the dangerous symptoms. Without entering more minutely into the details, I shall give the indications we found most valuable for treatment, leaving the diet, etc., to be more fully described hereafter.

Aconite.—This remedy was not often given in the first stage. In a few cases, however, where there was a full, quick, bounding pulse, with a flushed face, and occasionally cold chills running up the back, with great anxiety, it quieted the patients and reduced the pulse, but aside from that no good resulted.

Belladonna was used generally in the first stage, when there was a full, quick pulse, great restlessness, and thirst, with a temperature of 140° or more, which is unusual, as the temperature generally increases gradually.

Bryonia.—Great thirst for large quantities of water, coated tongue, pulse 100 to 120, with a little diarrhoea or none at all; restlessness; delirium; abdomen swollen; tenderness of the

region of the liver, spleen, and right iliac regions. Bry. was generally administered in those cases running a mild course, though in some the remedy continued to be indicated and was given throughout the whole course of the disease. It was most marked in its beneficial effect in those cases where there was an apathetic condition; not so much stupor as would indicate Opium, but verging on that state. The patients did not want to be spoken to or moved; they retained all their consciousness, but were indifferent to surrounding objects, craving drinks or cooling mixtures.

Arsenicum was given mostly during the second stage, when the vital powers seemed to be flagging. There would be great prostration, marked emaciation; great thirst, but only for a sip; tenderness in the right iliac region, but very little tenderness of spleen or liver. The stools were frequent, of a light color; urine scanty and clear; tongue dry and cracked; wanting to be continually changed; great fear; hopeless of themselves; nose-bleed in the second stage (or even in the first if the weakness of the system seemed to indicate a rapid failing of strength, otherwise Bry. was used). Ars. was given also when there seemed to be a remission of the fever; the patient would be very anxious; skin dry; pulse quick and weak; sordes on teeth, showing a decomposition of the blood. In those cases where the gastric symptoms were marked, with, at the same time, great thirst and complaining of burning in the stomach, with pain on pressure, it was given. It was also administered in the 2d trituration for intestinal hæmorrhage, with discharge of dark, venous-looking blood, great and excessive prostration, pulse quick, weak, or sometimes slow, fainting at the least movement, and at the same time great thirst for cold water.

In those cases under my care, I gave one grain of the 2d trit. every two hours. In three cases, two died almost immediately, or within from three to twelve hours after the hæmorrhage. The one which recovered seemed to gain strength, and the hæmorrhage was checked entirely in two days. This does not show a very good result, but I am satisfied that under the circumstances it was the right remedy.

Oleum terebinth. was used when the blood was bright or light in color, with some straining in passing urine, but not when there was that extreme prostration which seemed to point to Arsenic.

Baptisia was used in those cases which were accompanied

in the first stage by a heavily coated tongue, white in color, but not dry. I am now speaking of my own experience, and I did not find it useful when there was great dryness of the tongue.

Arnica was one of our greatest remedies. It was administered when there was great soreness and feeling as if bruised all over; tongue coated and dry, with not much thirst; sleepy and drowsy; wakeful at night; inclined to be stupid during the day. It was also used when the patients did not complain of soreness, but, to use their own expression, "felt very well," but to outward appearances were not getting well. It removed this morbid state, and seemed to invigorate the nervous system.

Phosphorus was used in cases accompanied with more or less congestion of the lungs. If there was passive congestion with a tendency to stupidity Opium was indicated, but when there was blood-streaked expectoration, with bronchitis and symptoms of hepatization, Phos. was used. Accompanying these symptoms there was sometimes diarrhœa at the commencement, occurring after either eating or drinking, the stools consisting of discharges of a blackish-brown color, with shreds of mucus or white specks, the pulse frequent, small, and the patient in a prostrate condition.

Rhus tox.—I do not think this was used as much as preceding remedies. There was quite a number of cases in which it was beneficial, especially in those cases which seemed to be verging on typhus, where there was excessive nervous irritability, great restlessness, changing position continually; complained of being sore and bruised all over; trying to escape from bed; the rose-colored spots abundant; tongue dry, red, and fissured; pulse quick; temperature 104° or more; diarrhœa slimy, full of shreds of mucus; great thirst; subsultus tendinum. In those cases showing a great want of vitality accompanied by extreme restlessness.

Carbolic acid was used by Dr. Cooper in those cases where there seemed to be a tendency to putrid or acrid discharges, with distension of the abdomen and great soreness in the umbilical region.

Hyoseyamus was used in those cases where there was much delirium. I had previously only administered this drug when the tongue was clean, pulse not over 100, and where the delirium seemed to be of a bland character, thinking it would hardly suit those cases where the vital powers were sinking, characterized by dryness of the tongue, excessive thirst, etc.

In this epidemic, and, I presume in all cases, it was a great remedy when the delirium was of an active character. The picture of this delirium would make one think of *delirium tremens*; great loquacity; varied fancies; wants to eat, and when the food is brought will not touch it; sees objects on the wall; picking at bedclothes; twitching of muscles. In children it was used when the delirium was characterized by jactitation of muscles; screaming out suddenly as if in pain; picking the nose and mouth; morbid appetite; great prostration; dry tongue, covered on the edges with mucus. Two children under the care of Dr. Chantler where these symptoms were marked, and where there did not seem much chance for recovery, got well on Hyos. They were both much emaciated; would cry out suddenly and at the same time draw their heads backward; face flushed; tongue dry and cracked; sordes on the teeth; very restless, no sleep for three nights; diarrhoea of a brownish character in one case and constipation in the other; would talk in a rambling manner; picked their noses until they bled, etc. They seemed to have symptoms of vermicular trouble, and, if I mistake not, received Cina for one day, but as they seemed to grow worse, the doctor returned to Hyos. which was continued until they recovered. In severe cases occurring in children, during this epidemic, the symptoms described under Hyos. were generally present, and, although they presented an almost hopeless appearance, these cases were generally cured by that remedy. In order to keep up their strength, injections of beef tea and other substances, to be described hereafter, were used.

It will not be amiss to describe, in this connection, a case which was under my care, where delirium occurred in the first stage and persisted for four days without any sleep. The patient was a stout young man of temperate habits. The delirium was of that kind similar to the delirium of drunkards, and made its appearance on the second day after confinement to bed. He was very talkative; "grasping at flocks;" saw objects on the wall; wanted to get out of bed and could hardly be restrained; pulse 110; temperature 102°; tongue coated white and dry; perspiring profusely. Bell. 6th was first given for one day at intervals of two hours, then Hyos. 12th for two days, and on the evening of the fourth day he was no better, perhaps worse, for he was weaker; pulse 100; he was so faint as to be barely able to move his body. There was much jactitation of the muscles; the delirium was of that

kind we generally find in delirium tremens, and having failed with the above-mentioned remedies, Macrotin, 3d trit., was given every three hours, with a like result. Recollecting a similar case of delirium which proceeded from traumatic causes, and which was cured by whisky, advised by my friend Dr. Cooper, I tried it here, giving one ounce at 8 o'clock and the same dose at 9 P.M., after which the patient went to sleep and slept for seven hours, awaking free from delirium, and making a rapid recovery without any more stimulant being given.

Belladonna seemed to answer in those cases characterized by excessive headache, injected conjunctiva, sharp shooting pains in the region of liver and spleen, with thirst, restlessness, and sleeplessness, distension of the abdomen, red and suffused face, with continued delirium of a nervous kind.

Macrotin.—For those cases somewhat similar to Hyos., with great nervous erethism. The delirium occurs mostly at night; varied fancies and rapid movements; not much diarrhœa or thirst; tongue generally moist. It was used principally during the first stage.

Muriatic acid.—For extreme debility; slipping down in bed; muttering delirium; involuntary diarrhœa.

Phosphoric acid.—For involuntary diarrhœa; extreme prostration.

Nux vomica.—In those cases where there were symptoms of congestion of the lungs, with a pallid countenance, weak pulse, cold perspiration.

Opium was used with good effect in those cases where there was stupidity and sleepiness. The patient would lie still and motionless for days at a time. It was also used for congestion of the lungs, quick breathing, with little or no pain. Seemed to suit those cases where there was a disposition to lapse into coma.

Ailanthus I used in one case where there was incessant vomiting, with good result, and since the epidemic have used it in two cases of gastric fever with a marked effect, when all other remedies failed to relieve the intolerable nausea.

As there are no special indications of importance to describe concerning the other remedies used, we shall now pass to a consideration of the adjuvants used.

Injections for Constipation.—It may be asked, how long can our patients be left without an evacuation from the bowels? In most of our cases the bowels were left until nature expelled

their contents. No haste was used to move them, nor anxiety felt in regard to the result. Some of them had no passage for one, two, or three weeks, but in those cases where there was urging to stool, no time was lost to relieve this distress, which indicated an accumulation of fæcal matter in the rectum, and by using injections and relieving the bowels, serious hæmorrhoidal difficulty was avoided. In those cases, fortunately very rare, where the syringe failed to have effect after being judiciously used (half a pint of water every half hour), an examination per anum would sometimes reveal a hardened and impacted mass of fæces. Before the removal of the same it is my habit to apply an ointment of Belladonna for the purpose of dilating the sphincter, after which no difficulty will be experienced in their removal either to the physician or patient. For this idea of thus dilating the sphincter I am indebted to my friend Dr. Rousseau. Perhaps attention would not have been called to the last-mentioned difficulty, if I had not been perplexed by a case under my care, which had passed successfully through the fever, and who complained of a great desire to go to stool; but having in former years experienced great trouble from hæmorrhoids, the pain was attributed to them, and in this manner the patient suffered several days with ineffectual urging. Injections had no good effect, but examination per anum revealed impacted fæces, with a stricture in an inflamed condition about three inches from the anus, which may have been the result of this impaction. By continued use of large injections every morning this stricture was relieved.

The Use of Cold Water.—I cannot say from experience of what benefit cold packing would have been to our patients. I have no doubt but that during the pyrexia of the fever, if properly administered, it would have been beneficial in moderating the fever and thus saving strength, but there being so few who could be relied upon to use them, and I not having time to attend to them, I cannot give any results that would be useful; but in regard to the wet compresses on stomach and abdomen during the ulcerative process, either with or without diarrhoea, I can bear testimony to their great efficacy. During the time when Peyer's glands are in an inflamed condition, which could be ascertained by pressure, these wet compresses afforded great relief, quieted the restlessness of the patient, and in many cases procured sleep. My manner of applying them was with either hot or cold water, consulting in this

respect the feelings of the patient. A compress, sufficient to cover the abdomen, composed of old muslin or flannel, dipped in water and wrung out, was first applied, and over this a flannel bandage long enough to go around the body and wide enough to protect the clothing from getting wet. I found it very convenient to apply this bandage first, or rather, to put it under the body with ends open, then apply the compress and fasten the bandage. They were renewed every three hours, or oftener if they became dry, too hot or too cold. At night they were allowed to remain. They were discontinued altogether when the soreness in the iliac region and the diarrhœa had ceased. The application did not interfere with sponging off the body, which was done once or twice a day, first with water of a temperature to suit the feelings of the patient, then followed by alcohol, whisky or brandy. Sometimes compresses saturated with a mixture composed of one part turpentine to six of sweet oil were used, commonly called *turpentine stupes*, with good effect in moderating the soreness and tympanitic distension, and especially when there was any strangury or passing blood either from the bowels or bladder. I must confess to using them when there was only soreness in the iliac region, but think that water would have been sufficient. These compresses were renewed morning and evening.

In speaking of water, we must not forget the hot bottles used at any time during the disease when the extremities were cold. I generally used either jugs or bottles well corked, filled with warm water, and insisted on their being placed before the fire so as to be convenient for use the moment they were needed, instead of having to wait to warm something, the patient in the meantime suffering from cold. Not only were bottles placed to the feet, but also along the spine, when the condition of the patient seemed to require it, and hence the importance of having these articles where they are convenient, thus anticipating, by your orders, these sensations of cold which must surely occur.

Diet.—As in all fevers of this class the dietetic regulations are of the utmost importance. To know when to give food, when to withhold it, of what kind, and how much, seemed to be of as much importance as the medicine. It was our experience that in the first few days it was better to give nothing but water, cold, or ice pounded, either to be swallowed in small quantities and often, or only to rinse the mouth with; but when giving the kind of food required, it was necessary to say

positively *how much*, and never say a *little* of this or that. People differ so much in their ideas of quantity that the physician would avoid much suffering and anxiety by being most positive in his directions; and I have tried to be positive in my description of the same, believing that, until we have some definite rules of diet, it is better to err in starving patients, than to kill them by overfeeding.

For the first and second week, the food was of the most unirritating kind. If there is a desire for food, a weak preparation of toast-water, barley-water, or rice-water may be given at stated intervals of one, two, or three hours, according to the quantity given. If only a small amount is given, it should be repeated often, at intervals of a few minutes, a teaspoonful at a time. If there was no desire for food, none of these substances were given, the patient relying on cold water or chopped ice, and this not *ad libitum*, but a small wineglassful of water or a small piece of ice every five minutes.

In the beginning of the third week, food which possessed the property of being nearly all assimilated in the stomach and which made very little excrementitious matter was given. The object here was to prevent any substance passing over the ulcerated glands, hence, milk, cream, ice-cream, and when the bowels were constipated, buttermilk, arrowroot, corn-starch, gelatin, blood from beef, or beefsteak. The above articles were given with great care, and their administration was, first, a teaspoonful every three hours for the first day, then two, and three the next, and so increasing or decreasing the quantity, according to the state of the tongue and the desire of the patient. A beneficial effect was noticed on giving lemonade, a drop of lemon-juice to a glass of water, before the substances already mentioned, so as to moisten the mucus membranes of the mouth and fauces, and thus prevent any substance from adhering.

In the second week, when the patients were apathetic, desiring no food, only water, and the temperature below 100°, I put a teaspoonful of brandy in a glass of water, and at intervals of three hours gave two teaspoonfuls. I may have imagined it, but I think it had a beneficial effect in giving a little strength. This was abolished when a desire for food was manifested.

In the third week, or in that stage where convalescence was beginning, characterized by more moisture on the tongue and disposition of the same to clean off, the articles of diet used

during the second week were still given, but in greater quantities, but so soon as the tongue became clean or thoroughly moist, without any dryness in the evening, or what was a better guide, when the temperature remained during the day at 99° or lower, a small quantity of beefsteak was given. I will here mention that it was a perplexing question with me, whether it was admissible to give meat when the patient's tongue was clean. In the majority of cases it answered my expectations, but in some I was very much disappointed on finding, the next morning, the patient worse, and, much to my surprise, to find the right iliac region tender to pressure. On further investigation, I found that they had a slight fever the night before, showing that the glands had not completely healed. The temperature as noted above is important, and is certainly a guide which, if it truly shows the condition of the glands, will be one of the greatest value. Even after convalescence seemed to be thoroughly established in this epidemic, the patients had to be narrowly watched, and solid food cautiously administered. When beginning with nitrogenous food, the blood from beef was the first I generally used. Buttermilk, milk and cream were in many cases all the diet until the patient was able to sit up, when a change was made to solid food.

A great many of our fatal cases were caused by errors in diet, which, from the past experience, leads me to warn all to keep a strict surveillance of their patients until all chances for mistakes or errors in diet are past.

As an adjunct to diet or in those cases where food cannot be tolerated by the stomach, and where the patient seemed to be sinking through sheer exhaustion, it has been my habit to endeavor to sustain the strength by injections of beef tea, milk, cream, milk-punch, whisky, and brandy, mixed with mucilage. The manner of giving these injections has been by the syringe worked with a piston, thus preventing air from entering the bowels, generally commencing by thoroughly oiling and warming the syringe, then oiling the anus with warm lard, or if in a nervous child, where there is a tendency to resist the syringe, by anointing the verge of the anus with an ointment composed of extract of Belladonna, gr. v, adeps, 5j. For an adult, from one to two ounces were given, first every two or three hours according to the tolerance of the bowel. Sometimes at first it produced irritation, but after a few trials the injections remained. The quantity was in-

creased or diminished according to the state of the case. Whisky or brandy were used by taking one part whisky or brandy and two parts flaxseed tea or any other mucilage, this injection being administered until the stomach was better, when it was discontinued. I will also mention that cloths wrung out of whisky or brandy and applied to the abdomen and pit of the stomach, not only quieted in many instances the restlessness of the patient, but surely contributed something to his sustenance.

INDIVIDUALIZATION VERSUS GENERALIZATION.

BY E. W. BERRIDGE, M.D.

IN the November number of the *Hahnemannian Monthly*, Dr. Pemberton Dudley writes a paper entitled "Shall we Generalize?" The Doctor does not seem to object to individualization, but says it must be done through generalization.

The Doctor describes the mental process of theorizing on the "physiological derangement which gives rise" to the symptoms, and says that it enables him "to exclude symptoms having no physiological, and THEREFORE no therapeutic relation to the disease under treatment."

As homœopaths we have nothing to do with "diseases;" we only treat "patients." Let us diagnose as accurately as we can, both on account of the prognosis and hygienic treatment, and, if we like, for the sake of "science;" but when we come to the drug treatment of the case all this is of little or no avail; for the symptoms diagnostic of the "disease" are rarely if ever diagnostic of the remedy.

The Doctor implies that symptoms having no "physiological" relation to the "disease" have THEREFORE no "therapeutic" relation to it. I have within the last few years cured a case of phthisis. One remedy which I gave in a high potency, with marked success, was *Iodide of potassium*, the symptom leading me to it being "*shooting from centre of chest to front of left clavicle.*" (See Gregg's *Illustrated Repertory*.) Will the learned Doctor inform us what is the "physiological" meaning of this symptom, and *why* it traversed the chest in this particular direction instead of some other, and what particular change of lung-tissue was associated with it which would not have been the case if the pains had gone in the

opposite direction? I have seen hundreds of phthisical patients, but never noticed this symptom before or since; it is certainly, therefore, not diagnostic of the "disease" phthisis, having no known "physiological" relation to it; yet it proved the keynote to the drug treatment of the case.

The Doctor gives three ways of interpreting and grouping symptoms. (1.) According to their *supposed* [mark the word] relation to some particular part or organ or function of the body. (2.) According to their relation to some specific type or form of disease. (3.) According to their similarity to the symptoms of some drug. The first and second methods he says are "natural and logical;" the third "strained and arbitrary."

With regard to the first the Doctor admits, by the use of the word "*supposed*," that such interpretation is founded on mere *theory*; and certainly *theory* should not be trusted to in place of *facts*. Besides, every well-proved drug will be found to act on every organ, though in different ways and degrees; so that this knowledge, even when acquired, is of but little use to us.

With regard to the second I have already said that as homœopaths we have nothing to do with "diseases," but only with "patients."

The third method, which the Doctor rejects, is really the only true one, because it is founded on *facts* (symptoms) and not on theories; and because it admits of the most minute individualization.

Doubtless this method may be abused by the careless and incompetent, as, for instance, when a physician does not first obtain a complete picture of his patient's case, but having found one or two important symptoms, decides at once on the remedy, and then endeavors, by leading questions, to elicit (perhaps erroneous) symptoms which will confirm his selection. This, however, is not the teaching of Hahnemann. The fanlike action of *alæ nasi* is, when well marked, characteristic of *Lycopodium*. A physician would not, however, be justified in prescribing offhand for this symptom alone, as there *might* be still stronger symptoms indicating some other drug; nor would he be justified in *only* questioning his patient from the provings of *Lycop.*, for in this way other symptoms not in the proving might fail to be elicited; yet having obtained the complete record of his patient's symptoms, he would do right in referring *at once* to this remedy to see

if it corresponded to the totality of the symptoms; and so individualizing *at once*, without any previous process of generalization.

Will the learned Doctor inform us what are the "physiological and, *therefore*, therapeutical" relations of this symptom both to the other symptoms of *Lycop.*, and to the various "diseases" in which it has been noticed?

A physician to one of the largest allopathic hospitals in London told me, a few years ago, that pathology had done very little for the *treatment* of disease. Are some of the professed homœopaths beginning to make use of the rusty weapons already acknowledged as nearly useless by the allopaths?

CRITICISM ON A MEDICAL DISCUSSION AT THE NIAGARA FALLS MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

BY H. V. MILLER, M.D.

At the twenty-seventh meeting of this association, during the discussion on the papers contributed in reference to the lymphatics, T. P. Wilson, M.D., made the broad assertion that "in all the papers presented there *was not one single item of original observation recorded*. Some one (else) made all these investigations, *examined these tissues*, and burned the midnight oil over them, and our friends bring us the results; but for themselves *they present nothing, not one original observation*." Then they must be mere compilers or plagiarists. "He hoped at the next meeting a bureau of microscopy might at least bring us something of *original research*." Some persons appear to have a great penchant for something original. If the learned Professor had given a little attention to the first paper presented by the bureau, entitled "Observations on the Lymphatics," by Prof. A. R. Thomas, it strikes me he would have noticed some *original observations* on this interesting subject. Prof. T. reported two *original cases* of congenital termination of lymphatics on the surface of the body, showing the fact that there are occasional variations in the termination of lymphatics. He also reported a post-mortem examination of a case of tuberculosis in which "the lacteals could be traced with great distinctness from the intestines back to the glands, as fine lines, their visibility evidently depending upon their being filled with some substance absorbed from the intestines, and interrupted in its passage through the consoli-

dated glands." These observations are both original and valuable. And during the past twenty years Prof. T. has had not a little experience in post-mortem examinations and dissections, in relation to the lymphatics and all other tissues of the body. Hence it might seem rather cool to accuse him of failing to present in his paper one single original observation. If I am not mistaken there is considerable originality in the whole paper. Let credit be given to whom credit is due. Not a few homœopathists are disposed to give to allopathists all the credit for scientific discussions and investigations in the various branches pertaining to medicine. And some quasi homœopathists seem to pride themselves on their rank skepticism in regard to the reliability of our *Materia Medica*. But the best workers in the profession are not necessarily the most noisy, loquacious or egotistical.

THE BEDBUG.

TO THE HAHNEMANNIAN:

In common with the large and respectable number of physicians and students of *Materia Medica* who are subscribers for, and hopeful readers of, Dr. Allen's *Encyclopedia*, I have followed him through his first and second issues with a good degree of pleasure. To some things I have taken exception; but on the whole have felt persuaded that Dr. Allen was doing the work proposed as well as any one in the profession could do it. But in looking over his third issue, I discover that his *Encyclopedia* is not alone to embrace all the provings of remedies generally esteemed as valuable, but likewise the provings of substances which, neither by the suggestions of analogy nor the pointings of experience (pathogenetic or curative), can be supposed to have any medicinal value.

I knew, from the compiler's announcement, that the *omnium gatherum* would allow the exercise of very little, if any, discretion in the reproduction of the symptoms of the various drugs brought forward; but I did hope that there would be a wise discrimination made in the selection of drugs for a place in the *Encyclopedia*.

But it seems the extreme modesty, or fear of innovation, or the wonderful craving for *many medicines* and *many symptoms*,

that has warped the judgment of so many in our school, from Hahnemann down, has governed Dr. Allen also.

It now seems that we are to have published and republished, from generation to generation, all the "provings" of all the substances that it has ever entered into the brain of any aspiring fanatic to foist upon the world as a remedy for human maladies. Most prominent among the useless articles brought forward already, is the one named at the head of my article.

Because it was believed among some of the common people of Germany that *bedbugs* were a febrifuge—that they would cure intermittent fever—Dr. Wahle, of Rome, had some provings made with the 2d and 3d triturations.

And Dr. Berridge, of England, has lately made a proving with the 200th dilution!

And now the disgusting and useless bedbug is allowed to creep into the fair volumes of our latest and greatest work on *Materia Medica*—a work intended to show the world how far we are in advance of the old school in positive learning as to the best remedies for the sick—much to the chagrin and regret of every right-thinking lover of the true and the useful among us.

My faith in the notion of the "common people," or in Dr. Wahle and his three provers, or in Dr. Berridge with his "200th dilution," is not sufficient to induce me to honor the presence of such an article in our *Materia Medica*, nor to exhibit it, in any case of sickness, where I desire to effect a cure. Nor have I so little faith in all other and well-known remedies for intermittent fever, as to acknowledge the need and usefulness of triturated and diluted bedbugs in any one of the various forms of that disease, especially upon the "provings" published.

There is nothing in its symptoms as furnished by the provers, nor in any cases reported as cured by its use, to challenge our confidence or lead us to employ it in preference to other and more respectable articles, of undoubted influence, which stand in the list of remedies for intermittent fever.

While it is brave to stand by the true and the good, even against the sneers and persecutions of the world, it is cowardly to admit as worthy of confidence and place that which has nothing intrinsic nor extrinsic to sustain it, except the dictum of a few persons who have taken it upon themselves to act as "provers." When will homœopathy, with its transcendent

law of cure, be emancipated from the amazing homage paid to every man, woman, and child, "good, bad, and indifferent," who essays to *prove medicines*?

And when will its *Materia Medica* be purged and protected from the senseless, disgusting fruits of such ill-directed, ill-performed, and miserably reported efforts?

The sooner bedbugs and lice, with all other such useless and degrading articles, are thrown out of our books and pharmacies, along with the *humanine* of Herr Lux, the better for our respectability and success as a school of medical reformers.

No one appreciates more than I do the importance of interrogating nature as to the medicinal properties of various substances; but I beg all who venture upon the work not only to experiment properly, but likewise to select, as subjects of inquiry, articles that have some promise of medicinal power and some claims to common decency.

The world is full of articles, vegetable and mineral, famous among the "common people," and not unknown in the annals of medicine, as possessed of healing virtues, that no "provers" have yet taken in hand.

Why then resort, so soon, to the lowest places and lowest orders and products of creation for remedial agents?

J. P. DAKE.

NASHVILLE, TENN., January 14th, 1876.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY M. S. WILLIAMSON, M.D., SECRETARY.

THERE was a large attendance of members and medical students at the January meeting of the Society. The President being absent, Dr. Richard Gardiner was called to the chair. The minutes of the December meeting were read and approved.

The Scribe called the attention of the Society to the action of the Board of Health lately in sending their physician to see a case of small-pox he had reported. The blank had been filled out according to the instructions, and it was one that did not need sanitary inspection or removal to the Municipal Hospital. He wished to know if any of those present had had a similar experience, and if the Board of Health were

making discriminations. He then read his usual monthly report as follows :

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

Weather Proving, November, 1875.

There has been nothing unusual in the weather for this season of the year, except the absence of the very sudden atmospheric changes which this month is ordinarily subject to. In this part of the country the temperature has not been unusually low, a contrast with that of the extreme northwestern part, where early intense cold prevailed. The velocity of the wind has not been as high, nor has the moisture been quite up to the standard of former years. During the first few days, the thermometer ranging about an average 35° and 37° Fahr., there were a great many cases of influenza, catarrhal colds, laryngeal and pharyngeal inflammation, with some tendency to bilious and remittent fevers, and also hæmorrhages, especially from the lungs and bowels ; some diphtheria and scarlatina prevailed. During a damp, warm, and foggy spell, about the 14th, 15th, and 16th, neuralgias, sick headaches, sore throats, and spinal irritations were prominent, and nervous and debilitated invalids were noticeably worse.

But on the 18th the worst hysterical cases of the season were observed, the day being warm, and the wind being south and southwest.

On the 22d and 23d heart diseases all seemed aggravated, and nervous cases were also worse. At this time the wind started in the north, veered to the east and northeast, and then south, then northeast, northwest, and finally southwest, and ending in a northwest current.

About the 26th gastric and hepatic derangements were observable, and on the last two days of the month gastralgias, neuralgias, and coughs were more prominent.

Weather Proving, December, 1875.

The *Monthly Weather Review* gives the following peculiarities for December for the country in general :

“First. The high barometric pressure, with infrequent and feeble storms in the United States.

“Second. The high temperature, the average of the month

being in the Ohio valley and Northwest ten degrees above the normal. In the Southwest and Mississippi valley, and westward to the Pacific, the month has been one of, if not the warmest on record.

"Third. The large excess of rainfall in Oregon.

"Fourth. Almost total absence of auroras."

Local. The month was unusually warm, and cloudy, and foggy, no snows, and but very little icy weather. Temperature the lowest on the 19th, when it averaged 15° for the twenty-four hours. Chest pains, and rheumatism, and coughs, were the main tendencies in the beginning of the month.

The 3d was cloudy and northeast wind, and croup abounded.

Diarrhœa about the 7th, and sore throats and croup on the 12th, with a west and northwest wind and cloudy night.

During the following three days of northwest wind, toothache and other neuralgias were very observable.

Sore throats and diarrhœas on the 15th; headaches and variable pains and aches the two following days; then coryzas and catarrhal diseases were again more prevalent. On the rainy day, the 28th, croup cases increased. Throughout the month cases of measles, chicken-pox, scarlatina, erysipelas, and a typhoid type of fevers were met with.

EPITHELIOMA.—I would like to put on record a cure of what I may safely call, from the previous history of the case, epithelioma of the upper lip, left side. The man was an inveterate smoker, and persisted in that disgusting habit during his treatment.

About four months previous to his first visit, he had submitted to the operation of excision, at one of the colleges in this city, for a similar lesion on the right side of the same lip, which may yet be very tender. After giving an account of his sufferings, he asked me what could be done for it. I told him the quickest way to have it removed was to go to the college and have it excised. Not relishing that idea, he begged me to try and do something for him.

I thought I would give *Hydrastis canadensis* a trial, and accordingly gave him some No. 50 pellets, saturated with the first decimal, one to be taken every three hours; at the same time I gave him the same medicine in a liquid form, to be applied externally three or four times a day with a camel's-hair pencil.

In less than one month we were mutually pleased to find

the entire trouble removed, only the scar remaining on the side operated upon.—A. H. ASHTON, M.D.

REMARKS ON THE IMPORTANCE OF HYGIENIC AND MEDICAL TREATMENT OF CHILDREN.

As physicians, we are all acquainted with the numerous chronic conditions of adult life, from those of early manhood to those of advanced age, which have lingered along for many years to torment the afflicted victim until the final end.

In many of these instances, we are able to trace back the progress of disease to some vicious mode of living, or to some illness which had been either neglected or badly treated in early life.

My object in making these brief remarks, is to remind us of the importance of looking after the health of the children, for by healthy children we can produce healthy men and women, and *vice versâ*.

We have, however, to deal with the present, and we must begin with the infants that come under our care at the time of birth, and with older children as they may be given into our charge from time to time.

Very frequently we encounter a difficulty at the outset of infantile life, either from the fact that the natural nourishment is entirely absent or very deficient in the proper nutrient qualities.

In such cases we are, of course, compelled to resort to unnatural or supplied means to take the place of the mother's milk.

Much may be done, however, in some cases to restore the mother's milk, notwithstanding the palpable incapacity for secreting the lacteal fluid in various instances, owing to foolish and fashionable habits, such as tight lacing, the use of mammary pads, etc.

For the above purpose I have used, with tolerably good effect, the fluid extract of *Ricinis communis* or castor oil plant. I think it is well worth a trial before giving over the case, especially if other remedies have failed.

If, then, we are to depend upon artificially supplied nourishment, what shall we use? Milk is undoubtedly the most natural, containing as it does all the constituents necessary to enter into the composition of the body during its growth and development.

But here again we encounter a difficulty in not a few in-

stances; for although some infants may take cows' milk and appear to thrive on it, if we do not watch them carefully they may soon become ill. In many cases when every assurance is given by the nurse that the baby's bowels are all right, we find by examination of the fecal excretions that the "colic" that the baby was supposed to have occasionally, is really indigestion, and that quantities of curd are passing with each stool. This is a result sometimes of overfeeding, and in others of a weakness of indigestion or incompatibility of food. One of the most remarkable instances of the former, as a cause of illness, occurred with a patient of mine who had lost all her milk. It was her first baby, and she was inexperienced. The little one was thriving nicely on condensed milk, but by and by her bowels became much disordered, and I was called to correct them.

I detected at once, I thought, overfeeding; upon inquiry, my judgment proved correct, as the little child, then about four or five months old, was making away with *six cans per week*. I soon got it reduced to about two cans per week, and also soon restored her digestive operations to a rational and reasonable performance.

Not a little trouble is often brought about by the manner of dressing infants and young children in the summer, as well as in the colder months particularly. Their bare necks, and arms, and legs, in cold weather, are often the fruitful source of catarrhs and croup.

Many children might now be alive but for this unnecessary exposure. We also frequently see little children that are just able to walk cleverly by taking hold of an older person's hand, trotting along on the damp pavement with thin paper-soled shoes, while, in all probability, the attendant has either thick-soled shoes or rubbers on her feet; the sinful carelessness of such instances is only too apparent.

The frequent neglect of a bad cold in children often lays the foundation of future coughs or chronic sore throats, so, also, does the habit of eating indigestible or rich articles of food to an inordinate degree, result in many troublesome disturbances of the digestive system.

In connection with the last remark, one error of particularly frequent occurrence cannot have failed to attract the attention of physicians, to wit, the immoderate use of confections. This I believe to be a very fruitful source of disordered stomachs, bowels, and livers.

The liver is generally sufficiently employed in taking care of the sugar naturally formed from the proper articles of diet, without being disturbed by extra duty, and we know the vitiated secretions of the digestive organs produced by too great indulgence in sweets are a sufficient generating and feeding-place for intestinal entozoa.

The indulgence with which some parents and guardians encourage their children in the qualifications of their appetites for sweetmeats frequently destroys their teeth early, by which they suffer pain and inconvenience in masticating their food, and eventually become the victims of indigestion.

Another very important matter in regard to the hygienic care of children is, that we should see that they get sleep enough. Many parents are unaccountably careless in this neglect.

It is no uncommon thing to learn that very young children are up and wide-awake two or three hours after they should have been in bed! When they do not get sleep enough they are apt to be cross and peevish in the morning, and nervous at night. Very young children should go to sleep as soon as darkness approaches, and sleep all night, and they will be bright and active the next day.

The ridiculous way in which misses' and children's shoes in general are made now, is a cause of grievous complaint, the heel nearly in the middle of the foot, and so small on the surface, that the wearer is in constant danger of spraining her ankle; indeed, I am quite confident that such shoes are a frequent cause of weak ankles, thereby making it necessary for the unfortunate child to wear braces.

These same shoes are almost always too light for damp weather, and misses who are approaching their climacteric period I believe suffer from delays, suppressions, etc., from this very cause very frequently, thereby inducing menstrual difficulties when it is so important that this function should begin without any disturbing elements.

I have referred to these little matters because they are too often forgotten or neglected, and although of apparently trifling moment they become serious events in the end.

C. S. MIDDLETON, M. D.

PROCIDENTIA OF THE GRAVID UTERUS.—I was called to a case which I consider of sufficient importance to report to our Society, from the fact that such cases are rare and at the same time interesting.

I was called to attend a lady in West Philadelphia on the fourth day of October, ult. She informed me that about six months previous she had had a miscarriage, and had flooded terribly during and after the foetus had been expelled, and although she had kept her bed for three weeks, and had taken medicine all that time, the hæmorrhage continued for several weeks after; finally it stopped, but shortly after leaving her bed she felt the womb pressing down upon the vulva, and when she took a long walk, or stood long upon her feet, she felt a great pressure downwards, with pain in her back. She had never had prolapsus before the first miscarriage, although she had given birth to two children. She told me that she was pregnant over four months.

On the seventh day of October, while attending to her household affairs, and being on her feet for a long time, she felt the womb slip out of the vulva. She sent for her physician, and he told her that it was nothing serious, that he would give her some powders, which would make it all right in a few days. Her suffering became so intense on the third day, that her husband lost confidence in the powders and sent for me. On examination I found that the greater portion of the uterus protruded from the vulva, at least two-thirds. It was dry and exceedingly tender and painful to the touch. I placed a pillow under her hips, anointed the parts with lard, and with the greatest difficulty, after an hour's efforts, succeeded in pushing the gravid womb back above the arch of the pubis. I enjoined rest in a recumbent position and applied one of Gemrig's supporters.

I visited my patient on the tenth; she was then wearing the supporter and was sitting up; she had walked about the house a little; she complained of a pressure downwards, and said that the womb still prolapsed, and when standing it gave her much pain, but that it did not protrude. I again enjoined rest, and said that in a few days, if she still felt any inconvenience, I would apply one of Meigs's rings, which from my experience is one of the best pessaries in use.

As I had never seen a case of this kind before, it induced me to look through several works on midwifery and get some light on the subject.

I found that prolapsus during pregnancy may occur, but that procidentia is a very rare occurrence.

Burns says: "I have never known any instance of procidentia, but I have seen or found the uterus so far prolapsed

as to have its orifice at or a little beyond that of the vagina." In his notes at the bottom of the page, he says, "See a remarkable case of procidentia in the gravid state, where the whole uterus was protruding and reduction was not accomplished till after delivery."

Dr. Hodge in his excellent work merely mentions prolapsus, or says that prolapsus may occur, but does not mention having seen a case, and gives directions how to manage the case; he says nothing about procidentia uteri at full term or during pregnancy.

Dr. Miller in his work makes no mention either of prolapsus or procidentia.

Dr. Chailly speaks only of prolapsus, and not a word about procidentia during pregnancy.

In looking over *Braithwaite's Retrospect* (Epitome), at page 135, on labor, I found only one case of prolapsus, with a considerable portion of the os uteri protruding through the os externum, but this case was at full term and during labor, which ended well, notwithstanding, and the patient got quite well.

Burns says that there is a cast of a very large procidentia in the great hospital at Rome.

All the authors that speak of prolapsus or procidentia before or at full term, agree that it is no impediment to labor. On the contrary, Chailly says that he has always observed that in cases of prolapsus, the expulsion of the fœtus was more easy and rapid, as the head has already descended, sometimes even resting on the floor of the pelvis. In order therefore to be expelled through the vulva, it only awaits the dilatation of the neck of the womb. The accoucheur then simply supports the orifice and places his fingers on the anterior lip, endeavoring to bring it forward at each contraction. He never found it necessary to have recourse to any other means, unless there should be adhesion of the neck or ulceration of its tissue.

In conclusion, I will mention this: On the 13th I was requested to see my patient again, I found that the abdominal supporter did not prevent the womb from prolapsing, and I had to have recourse to Meigs's ring, which up to the present time has retained the uterus *in situ*.

I should also mention that this lady has borne no children for the last ten years.

I visited this patient on the 5th inst., and found that the

ring had supported the womb perfectly, and as the uterus was well above the pubes I withdrew the ring. I have no doubt that she will not require any further attention until full term.

J. G. HOUARD, M. D.

Dr. Ad. Lippe then read the following paper :

IS HOMŒOPATHY TO BE GOVERNED BY PRINCIPLES OR OPINIONS?

BY ADOLPH LIPPE, M.D.

THE growing differences in the views and practice of the different members of the homœopathic profession can be traced to but one cause, and that cause consists in a belief, held probably by a majority of the members of the profession, that our school, like all former medical schools, from the days of Hippocrates down to those of Hahnemann, is governed by opinions only ; governed by opinions which change as the views of this or the other distinguished authority change ; and it is held, therefore, that Hahnemann offered the world only *opinions*, which are liable to be rejected, altered, or modified, as men who pride themselves on being infallible authorities may be inclined. Among the various views expressed, differing entirely from the views held by the followers of Hahnemann who believe in the principles he taught and whose practice is guided by these principles, and who also believe in a further development of medical science on the basis of strict homœopathy, we find prominently the following :

1st. "Freedom of medical opinion and action" is claimed, and by inference the existence of fundamental principles governing our school is denied.

2d. It has been claimed authoritatively that the best mode of teaching homœopathy is that each professor shall teach his own opinions, and out of these it is expected that the graduate will adopt what best suits his inexperienced mind, and practice homœopathy accordingly. This also implies that our school is not based on principles, but is made up of opinions.

3d. We have learned and good men anxious to put on homœopathy the livery of the physiological school to make it look more learned, and as such an attempt is utterly in contravention of the principles belonging to and distinguishing homœopathy from all former schools, these men impliedly also hold that we have no principles, but are to be guided by opinions only.

All these are, no doubt, "*honorable men*," but they are sadly mistaken. The object of this paper is to show how *we must necessarily be guided by principles*, and discard opinions; and as it is my misfortune to represent a numerical minority of homœopathsicians, I must crave your indulgence when I ask for a hearing.

We shall, in this paper, make a beginning of illustrating our views, and take for our text the first paragraph of Hahnemann's *Organon of the Healing Art*. It reads thus: "*The physician's highest and ONLY calling is to restore health to the sick, which is called healing*," and in an explanatory foot-note the author says further: "But not the habit (with which many physicians wasted their time in search of fame) of concocting so-called systems of certain empty vagaries and hypotheses concerning the inner obscure nature of the process of life, or the origin of disease; not the innumerable attempts at explaining the phenomena of disease or their proximate cause, etc., ever hidden from their scrutiny, which were clothed in unintelligible words, or as a mass of abstract phrases intended for the astonishment of the ignorant, while suffering humanity was sighing for help. We have enough of such learned absurdities, called *theoretical medicine*, having its own professorships, and it is high time for those who call themselves physicians to cease deluding poor humanity by idle words, but to begin to act, that is, to help and to heal." If, then, at the very beginning of the greatest of all medical works we find such a sentence and accept it, we accept at once the doctrines therein contained, that we are to be governed by principles and not by opinions. *

We are told that it is our highest and only calling to restore health to the sick. Hahnemann does not say that it is our calling to cure diseases, but the sick, and thus he impliedly and at the very outset declares that he abandons the classification of diseases, and declines to treat diseases as such. When we are now asked to put on a scientific livery that we may look presentable when we start into professional life, it is done by mistaken men, who do not accept even the first paragraph of the *Organon*. They say to us: Had Hahnemann lived in our days of professional science he would have greatly modified his views. The truth is that he would have done nothing of the kind. Do *we* now know more of the inner obscure nature of the process of life or of the origin of disease than he did?

The innumerable attempts at explaining the phenomena of diseases or their proximate causes were just as ridiculous before Hahnemann's days as they are now. For the sake of an illustration permit me to quote from the writings of a man highly recommended to us, the learned Dr. Schüssler. He published, on the 15th of September, 1875, a paper in the *Homœopathic Klinik*, in which he makes the following statement: "On the 4th July I was called to see a five-year old baby who had diphtheria. The exudation was small, only on one tonsil, but both tonsils were swollen. In the forenoon I gave Kali chloratum 6. At 10 P.M. I was again called on account of a general aggravation of the case. The patient had several times vomited a watery fluid; the tongue was dry; the face pale-red. He had much fever; at times the arm twitched; when questioned he either did not answer at all, or as if he were in a dream. This condition induced me to give him Natrum mur. 6 and Kali chloratum in alternation. They were given alternately every hour. The following morning I received a good report. After the first dose of Natrum mur. the vomiting had ceased; the fever had first become much worse, but had abated after one or one and a half hour's duration. . . . The brain symptoms in the above case were caused in the following manner according to *my opinion*: A number of the tissue-cells in the brain had lost their Natrum mur., and had thereby lost their ability to retain their watery contents; the ungoverned water affected the nerve-cells of the brain as a foreign body; therefore was Natr. mur. indicated as the curative salt of the brain affection." The learned Doctor gives his opinion, and under the belief that he can, without molestation, enjoy the freedom of medical opinion and action, that he can, as of olden times, explain the phenomena of disease, that as of olden times he may with impunity clothé his explanations of the origin of disease in unintelligible phrases, intended for the astonishment of the ignorant, he really gives us a caricature. His attempt to put the physiological livery on the homœopathic school, his attempt to show pretended learning, was only productive of a caricature. Had Dr. Schüssler been guided by *principles* he would not have claimed that the case was one of diphtheria; he would have accurately described the kind of effusion, stated the locality with exactness, and above all things would have seen that the brain symptoms of the child were not caused by the uproarious waters let loose in the brain, but by his excessive

dosing. And whenever the attempt has been made (and for all times whenever it is made) to explain the origin of disease, or, to use a modern phrase, to describe the condition of sick physiology, the same caricature has been (and forever will be) produced. If we take into consideration that a perfect knowledge of anatomy (that branch of the collateral medical sciences which is much more easily demonstrable to the senses than is physiology), when we consider that even a perfect knowledge of anatomy cannot guide with certainty the surgeon who deals with diseased or disturbed anatomy, that the surgeon must "individualize," as he finds in every individual a deviating anatomy, as he knows that while general anatomy is at his service, for practical purposes it is not an infallible guide, and if the anatomy varies in different persons, varies so much, although so easily demonstrated and so well known, how much more do physiological actions vary in different individuals; and if the various functions are similarly performed by various individuals, their performance still differs in different persons even when health exists, and it becomes obvious that the attempt at an explanation of the appearance of sick organs, or the cause of the disturbances called disease, a description of sick physiology, is fruitless. Basing therapeutics on such mere guesswork is what the allopathic school does and has always done. It is just this guesswork, these learned absurdities, this theoretical medicine, which Hahnemann rejected. When he says that it is our calling to restore health to the sick, he impliedly not only rejects the treatment of classified diseases, or the treatment of imaginary causes of diseases, but he also clearly demands that we individualize and treat what we can discern by our senses as constituting the deviations from health in the sick. And here at the very outset we see men belonging to our school differing widely.

What constitutes disease? *What* have we to restore to health, and what are the causes of diseases, are the questions? And long before we come to settle our therapeutics, long before the question of the dose or any other question can come up, it behooves us to adopt, accept, or reject a principle demonstrating the cause of disease.

Hippocrates, who was the first medical author who attempted to join error and truth together, who told such great truths as they had come to him from Alexandria and the old Egyptians, felt himself apparently compelled to intermix all these

old truths with the error of materialism. Among the many great truths, he says, "The origin of diseases is supernatural and divine." Truth and error, as taught by Hippocrates, could not coexist, and error took the lead; and error, based on materialism, has governed the various medical schools ever since. But Hahnemann claimed and pointed to a principle, which he says is that it is our first and only duty to heal the *sick*. But what did he say of the origin of diseases? He shows us that they have a dynamic origin; that they originate in a disturbance of that spirit-like force which animates the material body. Meanwhile the material causes of diseases remain to be unsuccessfully investigated by the materialistic common school of medicine. Homœopathy lays it down as an axiom and as a principle that diseases have a dynamic origin. The various other medical schools called allopathic, have always taught that diseases have material causes, and on these causes a variety of opinions were held by different authorities. These opinions as to the cause and nature of diseases sprang from a great variety of minds, and the theoretical products of their fancies were called "*systems*," each contradicting the others as well as itself. None, however, were in harmony with nature and experience; they were theoretical fabrications, utterly useless in practice at the bedside. And now while Hahnemann, from the very outset, lays down the principle, that we have to treat the sick, that disease manifests itself in each individual differently, that as a logical sequence we have to find out how the sick individual is affected as an individual, that we cannot seek to find a form of disease, give it a name, or else find, if not the name of a disease, at least the causes of a sick physiology, that diseases have a dynamic origin; and while we find that for 2500 years medical men have gone into materialism more and more deeply, and abandoned whatever great truths were taught by Hippocrates, there now rises before us one of the important sights in progressive medicine. We find that for three consecutive years one of the learned professors of the University of Pennsylvania has boldly taught that physicians must not treat diseases but individuals, and in the public clinics of that University the aim of the examining physician is to find out the *characteristic symptoms of the sick*, irrespective of the name the disease might have. They individualize, and have thus accepted the very first fundamental principle of the school established by Hahnemann, and called by him Homœopathy; and

having accepted this, they are bound logically to gradually advance and accept one after another of those principles which grow out of it.

Where do we, as a school, stand? There are before us evidences, not to be denied, that there exists vast differences of opinion on this subject. It is claimed that we must have freedom of medical opinion and action, and that we may go along gloriously without principles. We heartily join in a declaration that we must enjoy freedom, such freedom as every man enjoys "to shear a wolf." Under this erroneous conception of liberty, some honorable men declare that we must graft whatever appears to be scientific in the physiological school upon our own school, and that it behooves us to know *what* we cure and *how* it is done; and in their zeal they endeavor to explain in their own way how cures made under the homœopathic law were brought about, how sick physiology was set aright; and some go still further and exhibit the lancet and boast of their bloodletting, recommend palliatives, and advocate the use of anodynes, condemning in strong terms such homœopaths as do not do so, charging them with neglect of duty. Shall we abandon our first principle when our former opponents advocate its acceptance? Shall we, for the sake of a mistaken opinion as to freedom of action, continue to multiply our differences, allow our opponents to "steal our thunder," and we become, to all intent and purpose, eclectic? It has been frequently and erroneously stated that the homœopaths disagree principally on the question of the dose, but this is a false issue. We have disagreed from the outset on the propriety of being governed by principles, or the expediency of being governed by opinions. Is it possible to come to certainty in medicine when we are governed by opinions only? I have shown by illustration what foolish opinions have been offered the profession by a man who is highly recommended to us as a model healer. Let us for a moment recall Dr. Schüssler. He gives it as his opinion that "*a number of the tissue-cells in the brain lost their Natr. mur., and had thereby lost their ability to retain their watery contents, the ungoverned water affected the nerve-cells of the brain as a foreign body, therefore was Natr. mur. indicated as the curvative salt of the brain affection.*" Dr. Schüssler makes a bold assertion, but *how* did he ascertain that a number of the tissue-cells in the brain lost their Natr. mur., or did he only guess at it? And if, admitting for argument's sake, he had become pos-

sessed of this knowledge, and if these tissue-cells had thereby lost their ability to retain their watery contents, and the un-governed water affected the nerve-cells of the brain, *how* did the sixth potency of Natr. mur. go to work and persuade this ungoverned water to return to its place of duty? Was it likely that this ungoverned water would be governed, and report itself for duty again, and when off duty, having left the tissue-cells in the brain for a frolic among the nerve-cells (no doubt in search of salt, which is the symbol of wisdom), did these unsalted waters not change their character, and if not, then, why not? It would appear that the Doctor simply sent the salt to the brain to call the waters back and the Kali chloratum to the diphtheritic deposit; but how did he know that each trituration went just to the place he sent it to? Here were the results of being guided by opinions.

Should any homœopathist draw the deduction from this illustration of applying progressive scientific discoveries to homœopathy that we should reject *all* scientific discoveries, that deduction would be false? Hahnemann did not reject the light to be obtained from a knowledge of the collateral sciences. On the second page of his preface to the *Organon*, he says: "*Without ignoring the merits of many physicians, in relation to the collateral sciences pertaining to medicine, such as the advancement of physics and chemistry, natural history in its different branches, and of man particularly, anthropology, physiology, anatomy, etc., I shall now only consider the practical part of medicine, that of curing.*" If we are guided by opinions only, then the last opinion of the last authority uttered by a fallible mortal will be our guide; we thereby become only imitators, and do not make use of that precious liberty to think and work out problems guided by principles. We should make all opinions, all real or imaginary discoveries in physiology especially, subservient to our principles; we should never lose sight of our principles, and whatever opinions are advanced not in harmony with these we should surely reject.

Let us now look at the practical part of the question. Do the advocates of a consistent and persistent adherence to the principles governing our school, of adherence to the principle that it is our highest and only calling to restore health to the sick, accomplish this task better than men who accept the honorable name of our school, but who attempt to treat diseases and not the sick? Do not the men who once accepted the principle and accepted it understandingly, stand by it,

practice accordingly, and to the best of their ability endeavor to develop the school based on its principles? And do not men who accepted no principles, but are claiming the freedom to be governed by opinions, very gradually fall back into the materialism of a decaying school of medicine? Do we not see them pick up one after another of the exploded opinions offered by various allopathic authorities, even after that school, or the thinking part of them, have abandoned them?

Is it not obvious that one or the other party must be right and the other wrong? Or is there one among us who has found a remedy by which we can cement truth to error? Twenty-five hundred years ago the great Hippocrates tried it, and error once admitted ruled for two and a half centuries. The greater Hahnemann was permitted to give to the world fundamental principles to govern men in their efforts to restore health to the sick, *which is called healing*. It is obvious that those who attempt to heal must be governed either by principles or by opinions; and as it is the avowed object of all our associations "*to promote medical science*," and we have chosen to represent ourselves to the world as an association of homœopathists, we as such should, not only as individuals and as mere parts of such associations, but collectively as an association of homœopathists, clearly and unmistakably utter our confession, and above all at the very beginning of such confession or declaration of faith say whether we as a body are governed by principles or by opinions.

The reading of Dr. Lippe's paper was followed by the annexed

DISCUSSION.

DR. JEANES said he agreed with the writer of the paper in regard to the action of homœopathic remedies. We are certain that our medicines do cure the sick, and that the reason for it is because they cure the symptoms which are similar. We may go a step further, and say that experience goes to show that the remedy which causes symptoms in the healthy, and then cures them in the sick, must act upon the same part. I agree with the declaration of Hippocrates, that diseases are of divine origin. In speculating, it is important not to get beyond your depth, and we must keep this always in view. Symptoms of disease are all produced by nature in

her endeavors to protect the system; for example, in an abscess, the pus becomes inclosed in an envelope, which prevents absorption.

DR. GUERNSEY asked: Which is to govern us, "principles or opinions?" You will find in the sciences that principles govern all the way through. He then alluded to the discovery of the power and use of steam, and its utilization. Hahnemann discovered the principle of "*similia similibus curantur*." If this principle had been sifted as he wished it to be, where would the practice of medicine be now? It would be immeasurably in advance of what we find it. A good many years ago he was engaged to attend a lady in confinement who had several children previously, which were born by facial presentations; he prescribed for her remedies which relieved the symptoms she was then suffering from, and she was brought into a natural condition, and at her full term had a child with a vertex presentation; and since that time she has had other children who have had the vertex present. Another interesting case had occurred to him, of a woman who previously had had several children with shoulder presentations, while in one labor in which he attended her the child was born by the head, she having been treated for her ailments and made well.

DR. PEMBERTON DUDLEY expressed the view that all physicians in the practice of homœopathy endeavor to conform their practice to principles, and not to mere hypotheses. If there are any exceptions to this, he knew of none in this Society. We all agree as to the principle, though we may and do differ as to the best and surest methods of applying it. On such points all of us form our opinions—and duty requires us to form them—from such facts as we may be able to avail ourselves of; chief among which is personal observation and experience. If we lay aside "our opinions," we accept in their stead *not* "principles," but somebody else's opinions, and perhaps very unreliable ones too. No; no. If we have brains of our own, let us use them. Did Hahnemann, after discovering the law of cure, allow himself to rest satisfied, or did he go on in the search for further truth? And if such a course was right for him, can it be very wrong for us? If he could stand in our midst to-night he would urge us on to an examination of his doctrines, and bid us find out, each for himself, whether they are true or false.

It has been said here to-night that "*all* the doctrines of the

Organon are true." Well, I am not going to combat any of them ; but suppose some one should not yet *know* that they are true ; in that case he is forced to depend upon "opinions," whether he likes it or not. Admitting then that all Hahnemann's doctrines are true, does it therefore follow that there is no other truth, as yet undiscovered—no other principle which, when discovered, may aid us in the application of those now known ? Can we ever hope to apply correctly the principles of homœopathy except as we fully understand all other principles and facts in science which can in any way affect their operation ? To illustrate my meaning, let me refer to Dr. Guernsey's remarks on the development of the steam-engine. It is true, as he says, that from the time of Watt's first observation of the power of steam to lift the lid of the kettle down to the present, the principles governing the expansive force of steam were kept constantly in view. But it is also true that other principles and facts in physical science were not lost sight of. Steam engineers were obliged to ascertain just how much oxygen is required to consume a pound of coal ; how much coal was required to evaporate a pound of water ; how strong an upward current or "draft" could be created by a chimney of certain dimensions ; how much grate-surface was required to each "horse-power ;" how many cubic inches of steam could be formed from one cubic inch of water under various pressures ; the due relation between the diameter of supply-pipes and exhaust-pipes, and between each of these and the dimensions of the cylinder ; the tensile strength of iron plates ; and a host of other facts, all bearing upon and affecting the operation of the fundamental fact, the expansive force of steam. Just so we shall find it in the application of the law of similars ; we must understand and appreciate, yea, and estimate at its exact value, each and every fact and law in physiological and therapeutic science, ere we can hope to arrive at the full development of our art. On many points affecting our practice we are yet *entirely* dependent on mere opinion ; as for instance the size and repetition of the dose, the limit of homœopathic application, etc. On these points we must consent to be controlled by opinions, until we shall have discovered "principles" as yet hidden from our view.

One word as to the "tissue remedies" of Dr. Schüssler, mentioned in Dr. Lippe's paper. Not very long ago, in a paper read before this Society, I took the ground that there

cannot be such a thing as a homœopathic nutritive remedy (vide *Hahnemannian Monthly*, vol. viii, p. 258). No one in the Society disputed that proposition, and probably no homœopathic physician in the United States ever felt disposed to doubt it. It is probably unjust, therefore, to intimate that anybody except Dr. Schüssler himself accepts his views respecting the action of the "tissue remedies."

In reference to the view set forth in the paper under discussion, that Hahnemann in the first paragraph of the *Organon* denies the necessity for any classification of disease, I may be allowed to say that I strongly believe in diagnosis as an element of success in homœopathic treatment. And all of us make use of it in our examinations. A patient complains of "an awful headache," and we instantly think of fever, or brain disorder, or digestive trouble, or some other of the numerous maladies of which headache is a prominent symptom. We "interpret" his headache, and if we did not, we should be no more likely to look at his tongue than at his toes. We might go searching at random all over his organism without finding a single other symptom. But instead, we form an "opinion" as to the first symptom, and *straightway* are led to a coated tongue, a foul breath, a disordered taste, an impaired appetite, a sensitive epigastrium and a constipation, or some other train of symptoms. We thus learn the unity, the oneness of our group, and it suggests a class of remedies from which we proceed to select the one most strongly indicated by all the symptoms.

DR. WILLIAMSON said he did not agree with Dr. Lippe that we should accept as a principle that we must ignore diseases, as the proper meaning of the first paragraph of the *Organon*, where Hahnemann says, "The first and sole duty of the physician is to restore health to the sick." The name of a disease called up to the mind a certain group of symptoms, and this certainly assisted us in classifying our remedies. If we wished to progress in our studies we must speak and think of groups of symptoms as diseases. Hahnemann certainly taught that we must observe, and then remember what we see; and we can accept this as a principle, if we desire to.

DR. KORNDERFER. It causes one to feel sad when we reflect that after all Hahnemann is chargeable with the very offence which is here to-night being denounced in such unmeasured terms. How badly would he feel were he in our midst this evening. Happy are they who are not believers in

spiritualism, else might they fear to see his noble face evidence suffering at hearing the work of his generous mind classed with misdeeds. You ask where does Hahnemann teach such pernicious doctrine? First let the answer be, the doctrine is true, not pernicious; next, look to his writings. One instance, for the present, will suffice. In the *Lesser Writings*, when speaking of typhus—yes, gentlemen, Hahnemann uses that dreadful word—he says, the whole disease may generally be removed by one or the other of two remedies, Rhus or Bryonia. Yet, if notwithstanding either of these, delirium and mania should set in, Hyosc. in the 8th dil. will meet all the indications. How could he know this save by careful study of the natural course of this disease. But he goes on to say, a third state may set in, viz., want of full consciousness; he may, but with difficulty, be aroused to answer, which is done in a nearly incoherent, but not irrelevant, manner, seemingly neither knowing or feeling anything distinctly. In this case sweet spirit of nitre, one drop in one ounce of water, given in teaspoonful doses, within twenty-four hours, is the prescription of Hahnemann, who confidently asserts that in the course of a few days convalescence will be established. What is this but recognizing disease by name as a something, and though altogether useless as an isolated thing for the selection of a remedy, yet when taken in its totality it assumes a typical form, according to which such selection may be made? Each such typical disease as typhus, intermittent, variola, scarlatina, measles, etc., has a distinctive course, liable, however, to individual peculiarities; in each certain remedies by preference may be chosen: not that individualization should or could with benefit be neglected. No; but that as an aid to it some general typical forms may be studied and kept in view with advantage. Hahnemann's *Lesser Writings* teach this, and similar lessons may be gleaned from the *Organon*. Assertions to the contrary but charge inconsistency, which cannot be asserted of Hahnemann.

It has been said that the line is not to be drawn according to dose, but according to principle in prescribing. To this it may safely be answered that scarcely one may be found enrolling himself under the name and banner of our school, who would admit himself a disbeliever in the principles laid down in the *Organon*. Such as differ usually let the world at large and the profession in particular know of their infidelity. Regarding another point under discussion, that of tissue remedies,

it may be affirmed that though the idea has been much abused—and what good thing has not?—still Hahnemann gave it to us, all praise to him for his farsightedness, his depth of penetration, which discerned in the future such progress that his then advanced views must at some time be generally accepted, that while opinions necessarily differ facts still remain the same. Who gave us our Calc. c. and Silic. for bone affections, Phos. in disease of nerve-tissue, and many other similar remedies, but Hahnemann? Each remedy has its sphere of action; not on the tissue direct, no! but acting on the general system in such manner that through it favorable change may take place in the specific tissue in the interest of which it exerts its influence. Thus may be restored normal action, casting off disease and restoring health. How this is done we cannot tell; this *may* lie in that hidden realm of mysteries never to be explored by mortals. It *is*, however, within the province of the thinking mind of reasoning man to seek farther and higher for truths which will enable him to select with greater certainty between closely allied remedies; and while we endeavor through careful observation to discover which tissues are the ultimate acted upon (not that the remedy acts directly on such tissue), or in other words, what remedy acts preferably when the internal or true disease-creating cause manifests its action, or works out its effects on one or the other of the various tissues of the body, it is but extending research a little farther, though still in the same line already laid down by Hahnemann.

Homœopathy is based on truths which cannot be gainsaid or controverted, and which will not be disputed except by the wilfully ignorant; but we are not in a position to assert with mathematical certainty in many, yea, too many cases. Even our most carefully selected remedies fail at times, though the patient subsequently recovers. Why this failure? The symptoms seemed to correspond, yet we had not the similitum, and why? The tissues may give us answer in the future. Let us but search and try. In such cases generalizations may really help us out. It may not be amiss to relate a case in point, as facts are always preferable to fancies. Child, suffering for years from offensive nasal catarrh, being otherwise in good health, having no symptoms except objective, and they but slight except the discharge. Received most carefully adapted remedies, given after thoughtful study, yet without any marked relief. Feeling the case was one of

purely scrofulous nature, and recalling a note under Theridion recommending it in scrofulous affections, it was given in the 30th potency; the results confirmed the selection, as immediate relief followed; how permanent at present impossible to say, but for about one month, the first time for years, the discharge is reduced to almost natural quantity and character. While we should condemn beyond measure the many absurd, unscientific, wickedly ignorant generalizations of the old school, it should never be forgotten that through our individualizations correct generalizations must eventually be reached. For these we should work, testing all things in the spirit of truth until the end is attained.

The Society then adjourned.

CORRESPONDENCE.

MANHATTAN, First month, 28th day of the
Centennial year of American Independence.

ALAS! we on this little island are not quite independent yet, but subject to the caprices of our allopathic neighbors. It is really a good thing that we are so good-natured, and that nothing can ruffle those kindly feelings, so congenial to the disciples of Hahnemann, who, by the by, often enough got wrathful, as we can discover by reading his works; hence I conclude that his disciples have fallen into evil ways by not reading the works of the master.

I recently asked a salesman of Messrs. Boericke & Tafel, how the new edition of the *Organon*, so beautifully translated by one of our physicians living at the hub of the universe, and printed with such clear type that even my grandmother, were she alive, would be happy to read it, how that edition was selling, and my friend answered, "So, so." I am not up in these monosyllables, although Webster defines them "well well;" but still I thought there were enough copies left for all who thirst for the work containing the principles of our school.

I am not exactly in a grumbling mood, and still everything does not pass off to my satisfaction. Our elephant, the Ward's Island hospital, becomes daily less of an elephant, but on that account, dear *Hahnemannian*, you need not think *parturient montes, nascitur ridiculus mus*. It cannot be denied that we are sometimes in a muss, but our good nature com-

monly gets us over it. We have now over five hundred beds in the hospital, and nearly every bed is full. Just wait a little, and our surgical department will publish the best work on "skin-grafting" ever issued from any press. Phthisis pulmonalis! why, we have got lots of such patients, from a bad state to the worst, and so far we have had awfully bad luck with them. Somehow they will not die on our hands just to allow us to verify our diagnosis by autopsies. They improve in spite of our well-chosen remedies, and thus we have to discharge them considerably improved, as there is constant demand for our beds, and no room for convalescents. Heart disease fares no better with us than does consumption. The receiving physician of Bellevue Hospital sent us lately a woman in articulo mortis; she died during her first night in the hospital, and our internes decidedly enjoyed that autopsy, stenosis of the semilunar valves, insufficiency of the mitral, lungs engorged, etc., etc. It is really a treat to have once and awhile something to do with the old scapel; it freshens up our pathological anatomy, and I do not know of any other way to get nice specimens for our intended pathological museum. Rheumatics? Why we do not mind them at all at all; these are our regular chronic customers, and if we send them out on Monday they are sure to be back by the end of the week. They will not go to any other hospital, we are all so kind-hearted, so good-natured; but that "pain in the small of the back" makes me mad, there it will stick in spite of all my remedies, and I acknowledged myself beat. Thoroughly disgusted, I applied an Alcock's porous plaster, and I felt an inward satisfaction that in spite of it the rheumatism continued to stick. Oh! if we only had a Baunscheidt Lebenswecker, I would have tried to awaken something on that back, but as it is not strict homœopathy, we dare not send in any requisition for such an instrument, and you may bet that we are carefully watched.

A ladies' auxiliary society has been formed, Mrs. Phelps, president, Mrs. Dr. A. K. Hills, secretary, to procure light reading and other fixings for the patients. May they prosper in their work, for at any rate it is very pleasant to make the journey to and from the city with such delightful company.

The Hahnemann Hospital, corner Fifty-fourth Street and Broadway, an imposing structure, really had 11, say eleven patients at one time, but you must know that we want to pay expenses, and therefore all have to pay who go there. You can have a room and attendance for from twenty dollars a week

down to seven. There is no objection to such a hospital ; there is rather a demand for such accommodations ; but it is queer that the medical staff are strictly forbidden to take any honorarium for their services. And still our friend Helmutb cheated the trustees, and got a splendid honorarium after all. I am wrong ; the patient willed it to him, and the large sac of an aneurismal aorta with all its appendices can be seen at the museum of the college, a valuable present from our Professor of Surgery. May many of our physicians emulate such a noble example. Is it not rank injustice to a physician or surgeon to forbid him taking his fee from patients well able to pay, as for instance strangers in our city, and who do not like to be sick in a hotel, and greatly prefer the quietude of a well-conducted sanitarium. Our trustees as yet refuse poor patients, and let out their spite on the poor doctors.

The Woman's Hospital, corner of Thirty-seventh Street and Lexington Avenue, is nearly full of patients, and likewise full of debt. It is a blessing that William Steinway, the former owner of the property, is such a good-natured fellow, and, as he sold his old house for a good price, does not push payments just now, at least, as in our big village you can raise anything better than money. The college is going on swimmingly, although the number of students is less than usual. Blame Boston for that.

Why cannot there be the different commencements without those preliminary examinations which render all poor students distracted for a week or so. I really pity these young gentlemen, who are tossed about from one professor to another, who are expected to know everything, who have to write an original thesis ; well, who are plagued for a whole month, in order to earn their sheepskin, when at the same time the professor from his former queries knows full well who can pass and who will fail.

The Eclectic college has had its commencement. Oh, what a glorious college ! Whoever is "plugged" in any other college, hies himself thither, and from its benevolent wings is sure to emerge as a full-fledged M.D. I will let you know when the other commencements come off, and as your easy chair wants some rest, visit Gotham, and enjoy the hospitality of a

HOMŒOPATH.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, March, 1876.

No. 8.

ALBUMINURIA.

BY MAHLON M. WALKER, M.D.

(Read before the Philadelphia Homœopathic Medical Society.)

FROM June, 1874, to June, 1875, I treated sixty-four cases of scarlatina in its various forms; of these, ten patients had uræmia following the attack, while I report two other cases where it spontaneously occurred, and one case of morbus Brightii.

CASE 1.—Thomas Carr, 8 years old, had scarlatina lightly from November 19th to 27th. On December 14th found my patient's face considerably swollen in consequence of his having been outdoors barefooted. His urine contained, upon precipitation by heat, 33 per cent. of albumen in the test-tube. Apis, 200, every two hours, in water, all day. December 18th: Wakes up worse after sleeping; dyspnœa; Lach., 200. This prescription not helping him much, I gave Apis, 200, every two hours, on alternate days, till December 28th. No more albumen appeared. Duration of disease, fourteen days.

CASE 2.—Joe Illes, 19 years old, was in bed three days with a light case of scarlatina, Bell., 200, being the remedy. On December 23d walked about his room, and took cold from having his coat off. Maximum bulk of albumen in test-tube during the attack 33 per cent. Apis, 200, every two hours in water on alternate days.

Patient recovered in eight days.

CASE 3.—Hattie H., 7 years old, had scarlet fever severely,

with typhoid symptoms. Albuminuria supervened, lasting about ten days.

CASE 4.—Frank H., 5 years old, recovered from scarlet fever, with diphtheria; was very ill, and had uræmia afterwards, lasting five days.

CASE 5.—John W., 7 years old, on the 20th of November showed puffiness of the face, after having had scarlatina lightly the second week in the month.

Ten per cent. of albumen settled in the test-tube after boiling. Bry., 1^m. Two days later gave Cal. carb., 13^m. No more albumen appeared after nine days from the time it was discovered.

CASE 6.—Lillie W., 5 years old, recovered from light attack of scarlatina, November 30th.

December 3d.—Face œdematous; ten per cent. of albumen per volume in test-tube. Sulph., 6^m.

December 5th.—Kali carb., 11°, Fincke.

December 9th and 12th.—Apis, 200th; took every two hours, in water, each day. Recovered in thirteen days.

CASE 7.—Katie W., 5 years old, had scarlatina lightly from June 14th to 20th, 1875; was able to run about the house in a few days. On July 4th, 20 per cent. of albumen was indicated upon boiling. Urine dark; Hellebore, 33^m, Fincke, every two hours, in water, on alternate days, till 9th instant, when I gave Uranium nitrate, 30th, one day, which produced considerable improvement. On the 15th the urine appeared dark again, when I gave Hellebore, 33^m; on July 17th, Sulphur, 6^m. On the 19th puffiness about the eyes, and albumen still present, led me to give Kali carb., 11°, every two hours. I repeated this remedy on the 23d and 30th, completing the cure in twenty-six days.

CASE 8.—Christina M., 14 years, scarlatina from November 24th to December 5th; has had a cough for years; took cold on December 8th, when I gave her Bromine, 200.

December 9th.—10 per cent. of albumen was found in test-tube; swelling about the eyes and cheeks; Kali carb., 11°, which I continued every two hours, in water, during the day for three days.

December 12th.—Disinclination to move, as breathing is worse; Bry., 2^m.

December 13th.—Considerably oppressed, cannot lie down; Puls., 1^m, every two hours for two days.

17th.—Dyspnœa worse after sleeping; Lach., 2^m.

22d.—Albumen has decreased; stomach deranged, with much belching; better every other way. Carb. v., 2^m.

Recovered in thirteen days.

CASE 9.—Charles M., 7 years; scarlatina, November 15th to 25th, when he was dressed a few hours for two days in succession. November 30th, swelling of face occurred with 30 per cent. of albumen in urine; cold hands and feet; Cal. c., 2^m. December 1st, dyspnœa; Bry., 200, every two hours, in water, and on December 3d, same.

December 6th.—Urine dark, two quarts being voided every night; face much swollen; Kali carb., 11^c, every two hours, in water.

December 8th.—Urine almost as black as ink; some hæmorrhage from kidneys, blood in bottom of chamber; upon boiling, albumen and blood half fill the test-tube. Apis m., 200, every two hours, in water, for five days; after which the albumen rapidly diminished and blood entirely disappeared.

December 14th.—Pain in back and bowels, worse on motion; Bry., 200.

December 18th.—Has had no medicine since 14th instant, having improved under Bry.; for symptoms which I cannot recall, I gave Lach., 200.

The next day returned to Apis m., 200; after which there was no more albumen present. But on January 9th passed two quarts of watery urine; did not test for sugar, but gave Ac. phos., 3^m. Has had no medicine since.

Recovered in eighteen days.

CASE 10.—Harry M., aged 15, brother of Cases 8 and 9, had scarlet fever severely from December 15th to 20th; did not allow him out of bed, as I had so much trouble with his brother and sister.

Notwithstanding all our care, albumen appeared on December 23d, with dysuria. Canth., 200, every two hours.

December 24th.—Some dyspnœa, worse on motion. Bry., 200, which I repeated on December 25th, every two hours, in water.

December 27th.—Can eat but little, as it aggravates dyspnœa; is propped up; swollen around waist. Lyc., 200.

December 28th.—Urine looks dark. Dyspnœa. Apis, 200.

December 29th.—Gasping for breath after sleeping. Lach., 200.

December 30th.—Considerably better this morning. Pain

in back and down ureters. Urine dark. Terebinth.,²⁰⁰. At 10 P.M. was called to his bedside in great haste; found him in convulsions, so severe I did not think he could live. Risus sardonicus. Twitching of left side, face, arm, and leg. Spasms occurred every fifteen minutes. Stram., 15^c, every three to five minutes, in water. Spasms became less and less frequent and severe, till at 1 A.M. I left him.

January 1st, 1875.—Hæmorrhage of bright, clear blood was found in the chamber, underneath the dark urine. On boiling, 75 per cent. of the contents of the test-tube became thick. Bell., 10^m, every two hours.

January 2d.—Urine very dark, and 50 per cent. precipitates. Considerable dyspnœa. Apis, 200.

January 4th.—Puffiness about eyes. Urine dark. Kali c., 11^c.

January 5th.—Oppression of chest; cannot lie down. Puls., 1^m.

January 8th.—Urine almost black; gasping for breath. Hellebore,²⁰⁰, which I continued three days.

January 14th.—Was taken a great deal worse. Effusion in pleura and pericardium. Breathing with the greatest effort, from upper part of lungs only. Pulse feeble; eyes protruding; urine very dark. My patient looked as though he had survived the convulsions to die of effusion. I had great difficulty all through his illness to get him to eat. Along with loss of appetite was the most stubborn disposition I have ever encountered. Milk he would not drink; soup put in his mouth he would not swallow. He wanted pie and ginger-snaps; not being allowed these he would take nothing. Coaxing and persuasion were of no avail. The picture of sudden death had no effect. Force was then resorted to. Rather than have a little beef-tea and the spoon along with it forced down his throat, he consented to take a little of that liquid. In a few hours he reluctantly took some milk. Gasping for breath, propped with pillows, hands and feet cold, cold drops of perspiration on his forehead, he looked more like dying than living. Digitalis, 200, every half hour, did no good. Hellebore presented the nearest picture of his case I could select. The 6th and 200th had no effect. I had some of Fineke's 33^m, which I put in water; gave it every half hour; visited him five times during the day and night, and found him better in the morning. I continued the remedy every two hours on the 15th, and gave it at longer intervals

till January 25th, when no more albumen appeared. The boy, though weak, and probably too stubborn to succumb, gradually regained his strength, and has been in the best of health ever since. Duration of attack thirty-three days.

Over a year has elapsed since I treated these cases. The peculiar and characteristic symptoms of many cannot be recalled, but the remedies were all selected by symptoms that fully warranted them at the time, and the anxiety of such patients, with the pictures they present, are not very easily effaced from the memory of physician or attendants.

CASE 11.—Carrie D., 4 years old, previous to December 11th, and before I saw her, had taken cold, which left her weak and with enlarged tonsils. Prescribed Merc. protojodatus,²⁰⁰.

On 12th was very weak; face puffed, which alarmed her aunt, with whom she was staying, so I was requested to see her at 9 P.M. The little girl could not give me her symptoms, and, getting but few from the aunt, I examined the patient carefully. On boiling the urine, found a small quantity of albumen. Apis, 200, every two hours.

December 13th.—Child very weak. Puffiness of the face. No desire to play. 15 per cent. of albumen settles in test-tube. *China*, 200th.

December 14th.—Constipated. Tongue coated yellow. Drowsy. *Nux v.*,²⁰⁰.

December 18th.—Albumen has gradually disappeared since 14th instant. None present now. No medicine since taking *Nux v.* Duration six days.

My experience with this case has led me to examine the urine both by boiling and nitric acid in every case where there is debility with puffiness of face, hands, or feet, lest this depleting disease, while undetected, gains a strong hold upon the system.

CASE 12.—Leon H., 16 years old, had recently sympathetic scarlatinal sore throat, the white patches disappearing in two days under the action of Merc. protojod.,²⁰⁰.

November 20th.—Night-sweat. Merc. sol., 6^m.

November 28th.—Face swollen; is weak, but can walk about. 15 per cent. of albumen by deposit. Calc. c., 13^m.

November 29th.—Indifferent; dislikes to move or do anything; is easily vexed; does not care for food, although I insist on his taking it. Slight pain in back and shoulders. Bry., 1^m, every two hours.

December 1st.—Worse in morning after sleeping, or after a nap. Lach., 200.

December 2d.—Weak. Ringing in ears. China, 200.

December 10th.—Albumen has gradually diminished under treatment and good nursing, none having appeared for two days. Recovered in nine days.

Average duration of uræmia in twelve cases, thirteen and two-thirds days. All recovered.

CASE 13.—Mrs. Flue, 59 years old. Has been a patient of mine five years. In 1870 had a severe attack of lumbago, which was cured by Nux v., 200.

At times since that attack, she has had rheumatic pains. Has buried three adult children with phthisis pulmonalis, while a fourth has it now.

No phthisis in her family, but two of her husband's brothers died with it.

April 27th, 1875.—Found her limbs swollen to the knee. *Œdematous.* Is very stiff. Arsen., 200.

April 29th.—Worse. Face very much swollen. Apoc. can., ^{30th}. Took bottle of urine home with me and found 33½ per cent. of albumen in it.

May 3d.—She took Apoc. can., 30th, every three hours for three days. Did not improve, so I prescribed Uran. nitrate, 30, every two hours for two days, when improvement commenced.

May 11th.—Repeated Uran. nitrate for two days more.

May 21st.—All dropsical symptoms have disappeared and only 6 per cent. of albumen in urine.

May 26th.—10 per cent. albumen. Uran. nit. every three hours for two days again. Improved till June 4th, when urine looked dark. Hellebore, 33^m, Fincke.

June 9th.—Color of urine better. Uran. nit., 30, two days, and on June 22d repeated the same remedy for the same length of time again.

June 30th.—Ulcers in mouth, very sore. Nitric ac., 200.

July 8th.—Uranium nit., 30.

July 15th.—Albumen has diminished to less than 1 per cent.

July 26th.—Rheumatism in back and limbs. Rhus. 10^m, Fincke.

August 4th.—Nasal catarrh, very troublesome, has been in

progress two weeks. She soils several handkerchiefs a day. Discharge bloody and yellow. Gave Aurum met., 200, three times a day for a week, when this unpleasant difficulty entirely ceased.

September 7th.—12 per cent. of albumen in urine. Uran. nit., 30.

September 25th.—Nasal catarrh returning. Stringy. Kali bi., 200.

October 7th.—The last-mentioned difficulty continues. Glanderin 12th for three days, which cured it completely.

October 16th.—Aches all over; perspires easily. Mere., 200.

October 18th.—Rheumatic pains in back and limbs. Nux v., 200, in one day relieved.

October 27th.—About 6 per cent. of albumen in urine. Uran. nit.,²⁰. Gave this remedy again on Nov. 16th, 26th, and 30th, when $4\frac{1}{2}$ per cent. of albumen was present.

December 18th and 30th.—Gave the same remedy again.

During the month of January, 1876, she sent word she never enjoyed better health in her life; all the pain in her back is gone, and she can quite comfortably attend to her household duties.

February 2d.—Examined urine. Specific gravity, 1009. Nitric acid alone shows $6\frac{2}{3}$ per cent. albumen; nitric acid dropped in after boiling indicates $8\frac{1}{3}$ per cent., while boiling alone causes about 9 per cent. to precipitate. Last spring this patient desired asparagus. I found it increased the albumen, so I stopped the use of it. This is the result after more than nine months' treatment, at the commencement of which it appeared as though she would not live as many weeks.

Acid. benzoicum—Awakens every morning at 2 o'clock with humming in the ears and beating in the temporal arteries, which prevents him going to sleep. Sore, hot, and burning pain in left kidney. Frequent desire to urinate. Urine contained mucus and pus, with enlargement of the prostate gland.

Urine of a dark color, with unusually strong pungent smell; heavy, hot.

Awakens with oppression of breathing, with palpitation of the heart, with heat and hard pulse.

Apis mellifica.—Thirstlessness, with dropsy. Urine scanty and high-colored, or else too profuse and very dark. Strangury. Swellings of face, hands, legs, ankles, and feet. Great

debility, as though he had worked hard. Burning, stinging pains. Hives.

Worse at night, and especially in a warm room. Apis, Hellebore, Lachesis, and Uranium nitrate, are the most important remedies in this disease.

Arsenicum.—Restlessness. Anguish, driving him out of bed at night; tosses about the bed in daytime. Great fear of death and of being left alone. Burning swelling of the head and face, with great weakness and coldness. Worse at night. Puffiness of the face, especially around the eyes. Pale, death-like appearance of face. Vomiting of a black substance. Suppressed or difficult urination. Urine bloody, burning. Paralysis of bladder. Involuntary discharge of burning urine during sleep. Oppressed, labored breathing. Suffocating spells in the evening when lying down. Constriction of chest, with anguish, worse when moving. Stitches with pressure on the sternum. Palpitation of the heart, especially at night, with anguish. Left side of heart affected.

Sleeplessness from anguish, and restlessness with tossing about, worse after midnight. Asks for a drink, takes but little at a time; when questioned, says he is afraid to drink much, it may cause more oppression. It is a *fear* of drinking largely.

Aurum foliatum.—Melancholy mood, with desire for death. Contradiction excites his wrath; bloated, shining face; painful retention of urine, with pressure on the bladder. He passes more urine than corresponds to the quantity he drinks; turbid urine, like buttermilk, with much sediment of mucus; thick urine, with strong ammoniacal smell, decomposing rapidly; hot red urine, containing sand.

Belladonna.—Urine deep-red, with a light sediment; blood-colored urine. The urine becomes turbid, like yeast, with a reddish sediment; whitish, pale urine; retention of urine, with later dysuria; spasms; back of the head hot; twitching of limbs while asleep.

Bryonia.—Urine almost dark-brown; more scanty and darker than usual.

In cases of effusion of the chest: A dry hacking cough, with sticking pain under the sternum; frequent catching for breath immediately before a paroxysm of coughing; suffocative attacks, especially after midnight; asthmatic breathing, worse upon the least motion; dyspnoea so great he cannot

utter a word; breathing hurried, quick, anxious, from stitches in the sternum, compelling him to sit up.

Colehicum.—Brown-black urine; also whitish sediment in the urine; œdematous swelling of the face, with great paleness; lancinating pain or cutting, as with a knife, in the right side of the chest; oppression of the chest, with anxiety, relieved by bending forward; frequent pressure and oppression in the region of the heart, as if an attack of apoplexy was coming on; disgust for food, especially if he smells it cooking.

Cantharis.—Burning, stinging, and tearing in the kidneys, extending along ureters into the bladder; constant desire to urinate, passing only a few drops at a time; useful in some cases in the early part of the disease.

Copaiva.—Urine foams, and smells like violets; greenish, turbid urine.

Cuprum m.—Convulsions of the head; it is drawn to one side; purplish-red swelling of the face; twitching of the limbs, and biting of the tongue; especially to be thought of in epileptic patients; dropsy from hypertrophy of the heart.

Digitalis.—Blueness of the eyelids and lips; bluish hue of the skin; excessive emission of urine; hydrothorax, with slowness of the pulse; dyspncea.

Dulcamara.—Oppression of breathing from a cold; aggravation from change of warm weather to cold, or from letting fire get low in the room.

Helonias.—Lowness of spirits; restlessness; burning, aching in lumbar spine; frequent profuse perspiration; urine pale-yellow; sp. gr., 1013, acid; gets up two or three times in the night to urinate; debility; palpitation when going upstairs; appetite poor; sleep difficult, and not refreshing.

Helleborus niger.—Indifferent, sad, silent; diminished power of the mind over the body; giddiness; œdematous pale swelling of the face; pale-yellowish color of the face; staring eyes; eyes seem to start from their sockets with every breath; old anxious look; forehead is full of horizontal wrinkles; dry tongue, and coated white; distension of bowels, ascites; frequent desire to urinate, emitting a large quantity, almost as black as ink, with blood in bottom of the vessel, black sand or sediment like coffee-grounds; suffocative attacks; effusion in pericardium, or pleura; lies in a stupor, with eyes half open, and pupils turned up. Sopor. Convulsive twitching of the muscles during sleep; raises one arm and one limb,

and keeps them going vertically to and fro; pulse small, almost imperceptible. If fever occurs the face remains pale. No desire to eat or drink. At times cold clammy perspiration; sudden dropsical swellings. Aggravation of ailments at 4 P.M., in the cold air, in the evening, and from exertion. Wants to be quiet and let alone. Better in warm air; especially for bad cases.

Hepar sulph.—Urine dark and hot. Bloody urine after abuse of Mercury. Dry, hoarse cough, from evening till midnight. Cough caused by limbs becoming cold or uncovering at night. Bronchitis. Violent palpitation of the heart, with stitches in heart and left half of chest.

Kali carb.—Sacculated swelling of upper eyelid. Face yellow, bloated. Difficult wheezing breathing. Spasmodic asthma in the morning, relieved by sitting up and bending head on knees; worse 3 to 4 A.M. Stitches in sternum and right side of chest, extending through to back. Stiffness in the back and shoulders.

Kali hydriodicum.—Bloated eyelids; acrid coryza, with cold in head. Increased secretion of urine, with unquenchable thirst. Urine red as blood. Frequent and copious emission of pale, watery urine.

Kalmia latifolia.—Diseases of heart, alternating with rheumatism. Emits large quantities of yellow urine.

Lachesis.—General oedema. Face pale, puffed, yellow. Urine foaming, and as if a ball rolled about in bladder. Advanced cases; shortness of breath and suffocative attacks are caused by touching larynx, or by clothing, and aggravated by moving the arms. Wheezing breathing; must sit up. With dyspnoea, eructations of wind, which relieve. Head thrown back; grasps throat, or clothing near it and tears it away. Greatest anguish. For bad cases, where they look as though they could not possibly live, and their death is looked for every moment by the attendants, owing to the severity of the suffocative attacks. In February, 1871, Dr. Thomas Moore and I found *Lachesis* to be the remedy for just such a case. The 200th would relieve for a time. He had a case of very high potencies presented him a few days previously, and we decided to try the effect of one of these as a last means of saving our patient's life. We gave it in water, every ten minutes, all night, with decided benefit; continued it at longer intervals for two or three days. After the child was out of

danger we were told that the remedy in question was Fincke's 100^m.

Lycopodium.—Loss of appetite; when he feels hungry and food is brought him, a few mouthfuls suffice. A little eaten aggravates the dyspnœa and causes rumbling of wind in bowels, probably eructations. Foamy and dark urine.

Mer. cor. sub.—Dyspnœa almost paralyzes the heart.

Nitric acid.—In syphilitic cases, or after abuse of Mercury, dulness of first sound of the heart; worse at night. Heart intermits every third beat. Muddy and foul-smelling urine, like that of horses. Dry, hot skin, fever, headache. *Edema pedum*.

Nux vom.—Pains in the small of the back, as if bruised, so violent he cannot move. Lameness in back. Heaviness and stiffness in the neck. Cough from exertion. Dyspnœa. Constipation. Bad breath. Deranged stomach. Sour taste. Sleepless forepart of night, with great drowsiness in the morning and during the day. Drawing in the arms, as if they were asleep. Loss of motion of arm.

Petroleum.—Fistulæ recti. Deposits of gonorrhœa produced in old people, ascending fistula, and after awhile albumen appears in the urine. Difficult micturition. Red sand in urine, with slimy pellicle on surface. A dark cloud in urine. Brown, extremely fetid urine, of strong, ammoniacal smell. Discharge of prostatic fluid.

Phytolacca dec.—Albuminous urine. Dark-red urine, leaving a deep-red stain in the vessel. In post-diphtheritic cases the patient is of a rheumatic diathesis, and is frequently afflicted with rheumatism of the periosteal and fibrous tissue, or is suffering from the bad effects of syphilis.

Phosphorus.—Right side of heart affected. Double beats of heart. Urine whitish, like curdled milk; soon becoming turbid, with brickdust sediment, with a variegated cuticle on surface. Great nervous debility; trembling in all the limbs from the least exertion. Hæmorrhage from the kidneys.

Phosphoric acid.—Disinclined to talk or to answer a question. Indifference. Hot tension of the skin of the face, as if the white of an egg had dried on it. Urine like milk, with bloody, jellylike lumps. Profuse emission of urine. Loss of fluids does not weaken the patient as much as one would suppose.

Pulsatilla.—Scanty, red-brown urine. Dyspnœa and cough

as soon as he gets warm. Must have more fresh air and less covering than usual.

Sepia.—Must rise at night and urinate frequently. Urine turbid, with sediment of red sand, which adheres so firmly it must be scraped off the chamber. Urine blood-red, with white sediment and cuticle on the surface. Urine so offensive the patient asks to have it put in another room.

Stramonium.—Attacks of rage; strikes persons who come near him. Desire for light; has all the burners in the room lighted. Very changeable, laughs loudly, becomes proud and haughty in his delirium. Faints away, with paleness of the face. Bloated, turgid face. Total loss of consciousness. Raises the head frequently from the pillow, or bends it backward. Anxiety and fear is expressed in the countenance. Is afraid of some particular person. Paralysis of the tongue, making speech indistinct. Periodically returning attacks of painless, barking, spasmodic cough, in fine shrieking tone, from constriction of the larynx and chest, without expectoration. Emprosthotonos. Opisthotonos. Convulsions. Deep stupefied sleep, with snoring. Frightful visions; wakens and starts out of bed to run. Eclampsia. Tingling and trembling in the limbs.

Sulphur should be studied, and given as an intercurrent remedy, if needed.

Tart. em. acts best in sycotic cases. Dark-red urine. Brown urine. Dyspnœa, compelling him to sit up. Painful urging to urinate. Rattling, hollow cough. Accumulation and rattling of mucus in the trachea and chest.

Terebinth.—Difficult micturition; the urine smells of violets; deposit of mucus, or thick muddy deposit. Suppression of urine. Strangury. Pressure in the kidneys when sitting, going off during motion. Sensation of pain and heaviness in region of the kidneys. Hæmaturia.

Uranium nitrate.—Cross and disagreeable. Ill-tempered. Pain over left eye. Desire to urinate immediately after voiding urine. Micturates twelve to twenty-four times in twenty-four hours. Diabetes with albuminuria. Bright's disease. A constant sensation of faintness at stomach even after a hearty meal. (Hale.)

Case.—Urination profuse, painful, pale, milky, with ammoniacal odor; nocturnal urination frequent; great debility; night-sweats. Constant pain and soreness in lumbar region; legs ache, and feel heavy and weary; worse toward evening;

almost complete loss of sexual power; sexual organs cold, relaxed, and sweaty; afternoon fever, great thirst, canine hunger, bloated abdomen, and constipation. Cured by 2d x trit. (Hale.)

Pain at lower angle of left scapula, aggravated by taking a deep inspiration. Double hydrothorax and congestion of lungs. Extreme languor on rising from bed, with fishy odor of urine.

Debility and cold feeling. Obstinate sleeplessness. In diabetes a very important remedy.

Other remedies that may be studied are *Eupatorium purpureum*, *Equisetum hyemale*, *Gallie acid*, and *Ricinus communis*. There are others also, which may be suited to individual cases.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE December meeting of this Society was held in Syracuse, according to previous notice. President Gwynn delivered an address on the qualifications of homœopathic physicians for professional success, as compared with allopathic physicians. He reported a case of violent puerpural convulsions caused by albuminuria. On testing the urine he found it loaded with albumen. The convulsions continued after delivery unabated, and he almost despaired of success. Various remedies were tried without effect. The paroxysms commenced each time with cramps in the fingers and toes, the hands and feet turning outward. Consulting Guernsey's *Obstetrics*, he found Cuprum indicated, and since he had utterly failed with frequently repeated doses of various drugs, he resolved to try the effect of a single dose of Cuprum high. Before giving the Cuprum, the paroxysms occurred regularly once in fifteen minutes. Afterwards once in twenty minutes. The first convulsion was severer, but after that there was a gradual abatement in their violence, and the interval between gradually extended until they entirely ceased without another dose of medicine. The albuminuria was also cured.

Dr. Miller reported a fatal case of albuminuria, occurring during pregnancy, not attended with convulsions. The test-tube showed that the urine consisted almost entirely of albumen.

Dr. Adams reported a case of convulsions in a male subject, from cerebral congestion, with hot head, injected conjunctiva, and throbbing carotids, cured by Belladonna. For three days afterwards the patient remained blind. When his sight returned it seemed as if he were looking through a small hole, and he could see objects at a distance only, and when directly in front of him. He was long-sighted and the pupil was contracted. *Dr. Adams* said that the miscarriage in *Dr. Gwynn's* case was the result, not the cause, of the convulsions. The immediate cause may have been hæmorrhage or effusion in the brain.

The Secretary read a paper on spinal remedies, which was generally discussed by the members present. The remedies discussed were *Æsculus*, *Cocculus*, *Conium*, *Ignatia*, *Nux vom.*, and *Picric acid*.

Dr. Miller. Among the prominent indications for *Cocculus* we find headache, nausea, and vomiting from carriage-riding. Until he lately commenced the study of spinal remedies, he scarcely ever used *Cocculus*. Since then, for one of these symptoms, he found occasion to prescribe it, with good results. Another symptom is great debility from loss of sleep, and during the menses.

Dr. Boyce. Some years ago a young lady student was very nervous and hysterical. Her father's sudden death from apoplexy rendered her condition much worse, when she became a maniac. She was very sensitive to the least noise and jar, which were unbearable. Her head became hot, her eyes red, the eyeballs protruding. She was sleepless, and she had headache, the pain extending down the spine. Belladonna did some good, and held the case for a time, and then it seemed to exhaust itself. He then gave *Nux vom.* for the extreme sensitiveness, but it gave only temporary relief. He then heard the family relate an incident. When riding in a boat some years since the patient first began to experience these nervous symptoms. He had scarcely ever used *Cocculus* before, but this fact suggested the remedy, and the 3d dilution made a speedy cure.

Dr. Gwynn. Why do you relate the boat incident?

Dr. Boyce. Because the rough motion of the boat brought on the case. And *Cocculus* cured all the nervous troubles which the patient had suffered for twelve years.

Dr. Hawley. Did the patient have extreme debility from loss of sleep?

Dr. Boyce. Yes.

Dr. Miller. Comparing the backache of *Æsculus* and *Nux vom.*, that of *Nux* is aggravated by turning in bed, or it is impossible to turn in bed on account of the pain and lameness. That of *Æsculus* is aggravated by walking and movement. And this remedy has piles with the same kind of backache and aggravation of pain. It also has pain in the sacro-iliac symphyses, aggravated by movement. These characteristics of *Æsculus* are accredited to *Dr. Boyce*, who made a proving of the drug.

Dr. Boyce had proved this drug, and he found it a splendid remedy for some forms of backache. A lady suffered from great backache, in the small of the back, with leucorrhœa and prolapsus uteri. She had to press with her hands upon her back for relief. There was *aggravation from standing* and *relief from walking*. *Æsculus*³⁰ gave immediate relief, and made a permanent cure of all her difficulties. Though not given in the books, this *relief from walking is characteristic of the drug*. [Compare *Rhus tox.*—M.]

Dr. Miller. In intermittents, *Nux vom.* is indicated when there is great heat, yet the patient covers himself all over, and is disposed to keep still because he feels chilly from uncovering and from the least motion. And during the chill, heat, and apyrexia he has both gastric and bilious symptoms.

Ipecac. has a similar symptom, a predominance of gastric (not bilious) symptoms during the paroxysm, and the apyrexia. It has as a distinguishing symptom, during the apyrexia, a sensation of relaxation of the stomach, as if it were hanging down.

Ignatia is distinguished by its relief of chill from external warmth, and chill, with thirst, followed by heat without thirst.

Pulsatilla is indicated in chlorotic conditions as complications. It has thirstlessness and a predominance of chilliness.

Arsenicum is characterized by great debility after each paroxysm.

China generally by great weakness, with great oversensitiveness as a concomitant. And,

Veratrum alb. by great debility and feeling of great weakness, with slowness of the pulse and heart-beat (circulation) during both paroxysm and apyrexia.

Dr. Boyce. *Aconite* has a symptom opposite to that of *Nux vom.*,—wants to throw off the clothes.

Dr. Nash. Belladonna has the same symptom as Nux vom., wants to be covered.

Dr. Boyce. Yes ; but not so prominently.

Dr. Seward. China has great sensitiveness of the *special senses*, particularly that of hearing.

Dr. Gwynn. The China patient feels his weakness and his inability to undertake to do anything. The Arsenicum patient thinks he is able to do something, but on trial he finds that he cannot do it.

Dr. Adams. The Arsenicum patient is thirsty, and drinks little at a time, but often. Not so with China.

Dr. Miller. Conium is indicated in swelling and induration of the glands, with tingling and shooting pains. In soreness and swelling of the breasts, preceding menstruation (Calcarea). Indurations of the breasts, becoming very painful at every menstrual period. Indurations caused by a blow or injury.

A young lady had a hard lump in her right breast the size of a walnut, generally more painful, with painful swelling of the breasts, during the menstrual period (see Calcarea carb.). Conium³⁰ twice a day, for the past six weeks, has almost entirely dispersed the tumor and relieved the pains.

In girlhood her mother once had a similar tumor in her breast, causing her some pain and uneasiness, but she never took any medicine, and in a few years the tumor spontaneously disappeared.

Dr. Hawley. Has any one cured mammary scirrhus with Conium, when characterized by tingling and shooting pains? He had seen many cases characterized by lancinating pains, as they generally are, and he had known these pains to be relieved by Conium. And he had known Lycopodium to relieve *crawling* pains. But he had never known the tumors themselves to be cured, though with Sulphur he had cured one case of uterine scirrhus.

Dr. Boyce with Carbo an. had cured hard tumors of the breast of years' standing, but he had never cured scirrhus.

Dr. Brewster had cured a hard lump in the breast with Calcarea carb., suggested by the constitutional symptoms of the case.

Dr. Gwynn fourteen years ago had a patient with a hard tumor of the breast, attended with sharp cutting pains. Conium entirely removed the pains, which have never returned, but the tumor still remains.

Dr. Hawley reported a case of scirrhus of the breast, with

extensive ulceration. The ulcer was partially healed by the Missisquoi Springs, in Vermont. The patient finally died of pneumonia. In another case the lancinating pains were always relieved by Conium 30th or 200th, but it did not cure the scirrhus.

A Watertown lady had mammary scirrhus of years' standing, with retracted nipple and ulceration of the breast. The other breast was involved, with retracted nipple, and the axillary glands were implicated. The patient had most obstinate constipation, with the characteristic stool of Bryonia. The 30th of this remedy entirely cured the constipation and sleeplessness, which had also troubled her a long time. Afterwards Conium relieved the lancinating pains. Then she complained of a crawling sensation, which was relieved by Lycopodium. But these remedies merely relieved these symptoms, the disease slowly, but surely, progressing to a fatal termination.

Dr. Boyce. At an earlier stage her life might have been prolonged by constitutional treatment.

Dr. Brewster. These tumors are a local expression of a constitutional disease.

Mammary Scirrhus. Cundurango, 2d.

Dr. Miller reported the case of a lady aged sixty-two years, who had had scirrhus of the right breast for at least five years. The whole breast, the skin, and the axillary glands were involved. The tumor was very hard, incompressible, knobby, immovable, with severe lancinating pains of late. The nipple was retracted, and the skin was purple in spots and wrinkled. She was emaciated and cachectic, though formerly quite corpulent. Apis and afterwards Arsenicum were prescribed for the sharp stinging or lancinating pains, without relief. Ascertaining that the cancer was developed from the cicatrix of an old mammary abscess, Graphites 30th and then 200th was administered with considerable confidence, but it had no appreciable effect. Sulphur in various potencies, suggested by hot flushes and vertex-heat, was selected, with the same result. Calcarea carb. was not used, as it might have been on constitutional grounds. Next, Grauvogl's great remedy, Lapis alb., was prescribed perseveringly, but ineffectually. Finally, for several months there was ulceration, with fetid, sanious discharge, and considerable sloughing. The ulcer was an inch and a half long, an inch broad, and three-quarters of an inch deep. After sixteen months' ineffectual treatment, Cundurango,

2d trituration, was empirically prescribed, two powders a day, morning and evening—*Sac. lac.* being substituted at intervals. As the friends insisted on having some local application, *Hydrastis* tincture and sometimes Carbolic acid were used as lotions. Rapid improvement in general health and local symptoms followed, until the ulcer was nearly healed by healthy granulations, the discharge having nearly ceased at the expiration of six weeks. Then the patient was attacked with severe pleuro-pneumonia, from exposure to wintry weather, and this disease proved fatal in about a week.

In another similar case of mammary scirrhus Cundurango had done no good.

Dr. Boyce. We want to know all we can learn of the individualities of remedies, and of the pathology, as well as the symptoms, of a case. He was greatly interested in pathology, and in our late discussions on *Materia Medica*. He mentioned Wesselhöft's reported cure, with Graphites, of an inveterate eruption characterized by itching at night (*Jahr*). So, generally, the most appropriate remedy goes down to the foundation of a case and makes a good cure.

Dr. Brewster. *Ignatia*. Case with alternation of hilarity and depression of spirits. Patient looked around in bed as if to find something.

Also another case, and same remedy. Pain from sacral region through to the front, followed by discharge of leucorrhœa, and a numb and stupid feeling in the brain. Difficulty in answering questions (*Graphites*).

Dr. W. C. Doane, of this city, and Dr. E. B. Nash, of Cortland, were duly elected members.

On motion, Dr. L. B. Wells, of Utica, was unanimously nominated as a candidate for the reconstructed board of trustees of the Middletown Insane Asylum.

Subject for discussion at next meeting, *Aconite* and kindred remedies.

Adjourned to third Thursday in March, 1876.

HOMŒOPATHY IN ITS SCIENTIFIC ASPECT.

TRANSLATED BY S. LILIENTHAL, M.D.

DR. SORGE, of Berlin, delivered a lecture on the above subject before the German Institute of Homœopathy. We may be allowed to give some extracts.

After alluding to the doctrines of Brown, Rasori, and others, who decimated their patients, and to the school of natural philosophy, founded by Schelling, and which in treatment allowed nature to do the work, he comes to Hahnemann, who promulgated the following doctrines. 1. We only know the external manifestations of a disease, not its essence; symptoms must be carefully studied, as they are our guides in treatment. (2.) Provings on the healthy. Anton Stoerck preceded him already in Vienna, 1762. Hahnemann and his disciples worked diligently in that field. Joerg, in Leipzig, followed, 1862, and of late Schroff and his disciples gained considerable renown by their provings. (3.) The principle of *similia similibus curantur*, the foundation of our school.

Since then changes have occurred in medical lore; physical examinations and pathological anatomy reveal to us to-day the seat of a disease, formerly impossible to know; our examination of a patient attempts not only to find out what organ is diseased, but also how it is diseased, and what tissues are affected. To the homœopathic physician all such studies are of the utmost value in our provings, as well as at the sick-bed.

As a proof of it I only mention the Viennese provings of *Argentum nitr.*, of *Bryonia* and *Colocynth.*, the provings of *Digitalis*, by Baehr, and of *Phosphor.* We apply strictly our law of *similia similibus curantur* to the provings of Joerg and Schroff. How to apply such instruction at the bedside, Kafka and Baehr teach us in their classical works.

We are not satisfied any more with a mere correspondence of symptoms between the remedy and the disease; nowadays we also require that the remedy should act in a healthy person on the same organ which needs to be cured; we require that the same parts of the organ be touched, and compare the symptoms peculiar to the case with the peculiar manifestations appearing during a proving of a drug on a healthy body.

Let me give you a few examples:

Mercury produces in large and poisonous doses a swelling, a so-called hyperplasia of the liver, increased secretion of bile, and copious perspiration. Mercury is, therefore, to us a great hepatic remedy; but we will find it only suitable in enlargement of the liver, not by fat, but by an excessive formation of hepatic cells, in excessive secretion of bile, and in profuse sweating. Mercury is not indicated in a nutmeg-liver caused by blood-stasis in consequence of valvular disease of the left heart.

Chelidonium diminishes the activity of the hepatic cells in the healthy body, showing itself by the gray color of the faeces with the slight coloring of the urine, and a total absence of all icteric symptoms. Buchman taught us that *Chelidonium* cures such a case, just as *Bryonia* frequently cures morbid states of the peritoneal covering of the liver.

Many cases of poisoning with *Phosphorus*, microscopically studied, have shown that this drug quickly produces a degeneration of the cardiac muscle, and *Phosphor.* will always be to us an important remedy in fatty degeneration and destruction of the muscular fibres of the heart, but in the simple obesity of the heart, where large quantities of fat lie imbedded around the heart, and between its muscular fibres, but without destroying their structure, *Aurum muriaticum* is a far better remedy.

The microscope shows us that the urine of a patient complaining of severe pains, contains fresh, not decomposed, blood-cells, but no urinary cylinders, and *Cantharis* is our remedy, but every physician would prefer *Hepar sulph.*, where in a nephritis the microscope reveals to him urinary cylinders in the urine but no blood-cells.

Many more examples might be adduced to show that we can apply the principle of *similia* according to exact science.

(The second part is to us of less value, as it defends the smallness of our doses against allopathic polypharmacy.)—*Hirschell's Hom. Klinik*, 23, 1875.

IODINE.

BY DR. SORGE.

(Translated by S. Lilienthal, M.D.)

IODINE was discovered in 1812, by Curtais, and very soon afterwards the combinations with *Kalium* and *Natrum* came in vogue. Soluble in alcohol 1 : 10, the eye discovers it yet in the 6th decimal dilution ; it is soluble in water 1 : 5000 ; a few drops of the pure tincture in a cup of water give a clear solution.

It is supposed that in the stomach and in the blood Iodine combines with *Kalium* and *Natrum*, so that the action of these salts cannot be separated from that of pure Iodine. After taking it per os, it can be quickly found again in the

urine and sweat, but also in all other physiological and pathological fluids of the body.

Its physiological action, Joerg, in Leipzig, studied; after him Schróff, in Vienna; its habitual application in goitre gave sufficient opportunity for physiological observations. The provings by Gersdorff and Gross (first volume of first edition of *Chronic Diseases*) were probably made with high dilutions. Hahnemann requires three triturations to be made before a dilution is prepared, but on account of its volatility alcoholic solutions are more preferable. Joerg dissolved 48 grains in 1 ounce of Alcohol fortis, and made his provings with it. He and his disciples took doses of 1 and 2 drops up to 18 ounces per day, and gained valuable symptoms from a few drops, as obtuseness and pain in the head; pain over the whole forehead, or unilateral, or in the temples and occiput, frequently changing its place on the same day, ameliorated by rest, increased by motion, in connection with congestions to the head and restless sleep; scraping in the pharynx up to the nares; roughness in the fauces, larynx and trachea, in Joerg combined with rough, dry cough; in two others, increased secretion of the mucous membrane of the nares and larynx; pains in the thorax, increased by deep breathing, several times difficulty of breathing with increased beats of the pulse; pressure in the cardiac region, with the sensation as if heat radiated from there to the skin, with frequent pulse; repeatedly increased micturition, once frequent desire to urinate with a scanty discharge; Joerg also felt itching of the penis, and a pushing and pressing towards the testicles. Salty taste in the mouth, increased secretion of saliva, gnawing hunger, increased appetite, pinching and aching pains in abdomen, with more copious and thin stools.

Schróff observed after small doses increased appetite, increased excretion of the skin and urine, and slight acceleration of the pulse. Such small doses continued for some time cause voraciousness, febrile movements, rush of blood, *hamorrhages from the lungs and uterus*, sleeplessness; diminution of the size of the mammæ, more rarely of the testes, general emaciation. Schróff saw, after a continued use of Iodide of potash, an eruption on the face, especially on the forehead, similar to acne, and severe palpitation, with a pulse of 120 to 130.

As sequelæ of chronic poisoning by Iodine we meet repeated copious salivation, even without any preceding mercu-

rial treatment, defective digestion, a tendency to diarrhœa, urticaria, eczema, and especially acne, different chest troubles; cough, hoarseness; pains in the chest, in some especially nervous symptoms; great restlessness; anguish, apprehensiveness; headache, dizziness; obtuseness of the head, surring in the ears; dimness of sight; a peculiar trembling in the upper and lower extremities, even convulsive twitchings.

I extract the following physiological observations from *Frank's Archiv.*: Greatly increased sensitiveness of the retina, so that in daytime objects appear fiery red and shining, and in the evening she cannot bear artificial light (vol. i, 65, in a hysterical lady of thirty-two). Also in a girl of eleven: pressure in the pit of the stomach, vomituration, headache, febricula.

Vol. i, p. 515. In a girl of twenty-eight: palpitation, vertigo, twitching of the facial muscles, continuous inclination to micturate, etc.

P. 516. In a girl of twenty-six: pressing and stitching pains in the hepatic region; in another person, atrophy of the mammæ.

P. 518. In a captain: pressure in the frontal cavity, when reading he only saw the white paper; only at the end of the line could he discern a little laterally.

P. 527. Supraorbital pressure, rheumatic symptoms, pain along the right seminal cord.

P. 531. Increased sexual nîsus.

P. 517. Spasmus witnessed several times, loosening of the gums, with scorbutic fetor from the mouth.

P. 324. In a scrofulous girl of seventeen, who took 5 to 8 drops, three times daily, from a solution of 3 ounces of Iodine to 1 drachm of spirits (most probably 1 drachm Iodine to 3 ounces Alcohol); pressure in the chest, severe palpitation, indescribable obtuseness of the head, the hands trembled, in the eyes expression of great anguish, followed by beginning emaciation.

Vol. ii, p. 120. A girl of twenty, regularly menstruating, without any trace of phthisis, used for indurated glands on the neck Iodine for two months, when she began to suffer from a dry cough, which soon increased; expectoration set in and a sensation of heaviness and tightness in the chest, disturbing her night's rest; expectoration slight, sometimes mixed with fine streaks of blood; pulse quick and febrile;

nothing seemed to do her any good; phthisis developed itself and she died in four months. (*Horn's Archiv*, 46, Toel.)

P. 757. A young man felt numbness in upper and lower extremities, and trembling of the hands (*Hufeland's Journal*.)

P. 758. In a woman: fever with delirium and subsultus tendinum, etc.

P. 759. In a strong man of twenty-five, after using Iodine for some time: paleness of the face, cold sweat, trembling of the extremities, constriction of the chest, continued vomituration without vomiting, anguish, headache, syncope; even after two years slight indigestion, and a headache which frequently rendered him unconscious.

P. 760. A girl of twenty-five, with an indurated orificium uteri, suffered after 28 drops of Tinct. iod., from frequent fainting, hot flashes, heat, sleeplessness and an unusual nervous irritability, at a later period vertigo and labor-like abdominal cramps.

P. 120, No. 2. Impotence, with atrophy of the testicles, ameliorated by leaving off the Iodine.

Vol. iii, p. 533. Courtair suffered repeatedly from severe colicky pains, after inhaling the fumes of Iodine.

P. 534. Gairdner witnessed a trembling, similar to chorea, and continuing for a long time, severe and lasting anguish, mental depression.

Herman in his Toxicology gives as general manifestations of Iodine: catarrhal inflammation of different mucous membranes, especially of the nose and adnexa (sinus frontalis), the so-called Iodine influenza, of the conjunctiva, mouth, fauces (salivation, angina), of the larynx, stomach (vomiting of a fluid containing Iodine, with epithelial detritus), intestines, etc.; exanthematic cutaneous inflammations. After taking it some time, emaciation of the fat and of the muscles, atrophy of the mammæ, testes, and thyroid gland, *weakness of the beat of the heart*, increased contraction of the arteries, rise of temperature, Iodine fever.

The different headaches, not only on the frontal sinuses, the congestions, the dulness and fulness of the head—Iodine intoxication—sleeplessness, deliria, prove a decided action of this great remedy on the brain. The congestive headaches are ameliorated by rest, aggravated by motion. The twitchings of the facial muscles in one case hint at an affection of the facialis. The trembling of the extremities in connection with a sensation of numbness in the upper and lower extremities,

hint at a spinal affection. Several observations indicate trouble in the optic nerve and not only in the conjunctiva; the surring in the ears, in connection with the angina, point to coaffection of the Eustachian tube.

Of the respiratory organs the larynx and the lungs are especially affected, as we find a dry cough, with pains in the chest, hæmorrhage from the lungs, and in one young girl it developed a full phthisis. The palpitation of the heart, the accelerated pulse, anguish, oppression, etc., with a pulse becoming weaker, show that this drug has a close relation to the heart; whether the Iodine fever originates in the heart is still doubtful.

Copious micturition points to the kidneys; frequent inclination to urinate, with scanty discharge, to the neck of the bladder. That Iodine acts energetically on the uterus, we see from the menorrhagia and the labor-like spasms in the abdomen.

Its action on the skin is great. Schroff observed several times furuncular and papular exanthemata. It causes atrophy of the thyroid gland, mammæ, and testes. In one case we met stitching-pressing pains in the liver. The decided emaciation of the muscles, and the disappearance of all fat simultaneously with an increased, even voracious appetite, may be explained by a deleterious action on the mesenteric glands.

If we study now the many cures, and still more frequent prescriptions of Iodine according to the homœopathic principle, we must acknowledge that the diminution of a goitre, of inflamed mammæ, testicles, or lymphatic glands, cannot be claimed as homœopathic treatment. Its frequent application in scrofulosis, especially in scrofula of the bones and periosteum, is also not based on the homœopathic law. Its application in constitutional syphilis is merely empiric, and finds its explanation in the antithesis between Iodine and Mercury, for we do not expect any benefit from Iodine in syphilis, except where the latter was treated with Mercury. The cure of mercurial salivation by Iodine is homœopathic and well known, and we should have thought that Iodine should also be the remedy in mercurial tremors, and such treatment would be perfectly according to our law, inasmuch as Iodine often causes trembling of the extremities, and especially of the muscles, probably from the spine, like Mercur.; but large experiment with the laborers in quicksilver mines gave only negative results.

Hydrocephalus acutus has been cured several times by large doses of Iodide of potash; a paralysis after an apoplectic fit,

and in another case after a fall on the head are also reported cured (*Frank's Archiv.*, ii, 763 and 764, iii, 204). Such cures might be explained by the absorbing power of Iodine, but can we give any reason for such a power? Does such a power act on all lymphatic glands and lymphatic bloodvessels of the body, or only on some of particular organs? Can we explain them by its relations to the brain?

A considerable swelling of the liver, combined with consensual vomiting and great emaciation of the body, was cured by Iodine injections (*Frank's Archiv.*, i, 539). There are no reasons for accepting any physiological action on the liver. Rademacher also, after many experiments, does not consider Iodine a liver remedy.

A dropsy of the chest and cerebral ventricles after scarlatina, in a boy of nine years, was cured by Iodide of potash (ii, 136), with profuse urination; a symptom also produced in the provings.

Throwing all such cases aside, we still find many cures by this drug made according to the law *similia similibus curantur*, and easily explained by it.

George Schmid (*Gabengrösse*, 130) cured a meningitis cerebri rheumatica of a young girl, suffering from articular rheumatism, quickly by Iodine; the severe inflammation of the hand had suddenly receded, and the girl became restless and delirious; after receiving a few doses of Iodine consciousness returned, and also the inflammation of the hand.

A woman, exposed to death, was attacked by a rheumatic and peripheric paralysis of the left nervus facialis; she was even unable to contract the orbicularis palpebrarum. As our provings give twitchings of the facial muscles, I gave *Kalium jodatum*^{1stx}, which cured her.

The physiologically observed photophobia and the absence of central visual power hint at troubles in the retina, and perhaps to its usefulness in loosening of the retina. Its application in chronic, especially scrofulous conjunctivitis is based on physiological reasons; in one case five to eight grains dissolved in six ounces of water were successfully applied externally for maculæ corneæ. Lobethal already used Iodine for catarrhal affections of the Eustachian tube. Chronic cases of coryza and ozaena narium, of angina faucium, stomatitis catarrhalis find frequently their homœopathic remedy in Iodine. Two stubborn cases of excessive looseness of the gums, with

much salivation, and not caused by Mercury, were cured by *Kalium jodatum*.

Its application in croup and chronic hoarseness, also in pulmonary diseases, is perfectly homœopathic. Seudamore cured three cases of exquisite phthisis pulmonalis with pectoriloquy, etc. (*Rust's Magazin*.) Lobethal led our attention long ago to it, and used it frequently; and Kafka explains the indications in pneumonia according to *similia similibus curantur*.

Its power on the heart is remarkable, and it deserves more attention, not only in the weakened heart, but also in endocarditis and thickening of the valves.

George Schmid treated a pregnant woman of 30, who suffered from a high fever, with great debility. A slight eruption appeared for a few days, but it could not be made out what it was. Repeated fits of anguish and oppressed breathing, with faintishness, especially at night. The debility steadily increased, so that paralysis of the heart and death were feared. Neither *Cuprum acet.* nor *Arsen.* did any good; but *tinct. Jod.* (1:24), two drops every half hour, brought out the variola, and the danger was over (*Gabengrösse*, 128).

Its vivifying power on the heart explains its beneficial action in pneumonia.

As a stomachicum, it deserves application for severe pains with waterbrash.

The recommendation of Rademacher to give Iodine in very painful colics has been often verified, especially where there is also a tendency to diarrhœa. Rademacher ascribes to it a special action on the pancreas.

As a uterine remedy, it cured two cases of metritis during puerperium, one-quarter grain *K. j.* every three hours. Two cures of exquisite hysteria (*Frank's Arch.*, i, 85) may be ascribed to its uterine action. Leucorrhœa, not only of syphilitic origin, and especially fluor uterinus, is removed by the drug. The old school finds a contraindication in pregnancy. We would advise small doses in threatening abortus. Menostasia is frequently removed by Iodine, according to *contraria contrariis*.

Gonorrhœa and strictures of the urethra were cured by Iodine. Our law hints at impotence, with threatening atrophy of the testicles. Syphilitic skin eruptions, especially when based on mercurio-syphilis, are frequently cured by Iodine.

Our law hints at acne, especially in young persons with profuse menstruation.

It ought to act well in chorea, but I could not find anything about it in our literature.—*Hirschel's Hom. Klinik*, December, 1875.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY, PA.

REPORTED BY R. E. CARUTHERS, M.D., SECRETARY.

A REGULAR meeting of this Society was held at the Pittsburgh Hospital on Friday, Nov. 12th, 1875, Vice-President Dr. McClelland presiding. Members present, Drs. Willard, Rousseau, Seip, McClelland, Bingaman, Edmundson, Hofmann, Burgher, Ramage, Cooper, and Carothers; Associate Members, Shannon and Boley. Minutes of last meeting read and approved.

Report of Censors.

Dr. Willard, in presenting the report of the Board, stated that there had been heretofore some misunderstanding in regard to applications for membership, and moved that hereafter applications for membership shall be made in writing. This motion was carried, but after some informal discussion it was thought best to embody it in the constitution, so a motion to reconsider was offered and passed. Dr. Hofmann then proposed the following amendment to Art. 2, Sec. 2, of the Constitution: "Provided the physician desiring to become a member shall have made application in his own handwriting." This was laid over, according to rule, to be acted upon at the next meeting.

Reports of Committees.

Dr. Burgher, chairman of the Committee on State Papers, reported that the papers were prepared and read, were accepted by the Society, and referred to the Committee on Publication. Report accepted and committee discharged, with thanks.

Dr. Cooper, chairman of Executive Committee, presented the regular monthly report. The committee had met, and authorized the payment of the following claims incurred by them for the State Society meeting: For Library Hall, \$100;

music, \$38 ; printing, \$37 ; janitor's fee, \$10 ; an appropriation toward paying the stenographer, \$25 ; the committee also recommended an appropriation to the hospital of \$100, in consideration of the use of a room, gas, etc., for Society purposes. The bill of the stenographer was \$78. On motion, the report was received and the recommendation of the appropriation of \$100 to the hospital was adopted.

Report of Delegates.

The delegates were Drs. Rousseau, Herron, and Caruthers. They reported that the sessions of the Society were well attended, and each one seemed ready to do his part toward making the meeting a success. An unusual number of papers were read, and the discussions elicited thereby were interesting and profitable.

Dr. Cooper then offered the following :

Resolved, That the thanks of this Society are due and are hereby tendered to Dr. J. C. Burgher and his estimable wife for their elegant entertainment of the State Society at its recent meeting in our city, given in behalf of this Society.

Dr. McClelland, in seconding the motion, referred to the entertainment in fitting terms, and then took opportunity to thank his fellow-members for the cordial and even generous manner in which they had made arrangements for the annual address. He felt like making personal acknowledgments to each of them.

The question was then put, and the resolution unanimously adopted.

The essay of Dr. S. Woods on Variola was then read by the Secretary, as follows :

VARIOLA.

BY S. WOODS, M.D.

ALTHOUGH small-pox or variola is not now so formidable a disease as formerly, either from the more enlightened mode of treatment, vaccination, or the gradual wearing out of the disease, or all these causes combined, yet it is still a disease, both in its effects and former prestige, that few physicians care to combat. It is a typical *contagious* disease, and most writers claim that it is made more contagious by the habit of keeping the patient confined in one room without proper ventilation, thereby concentrating, as it were, the poison, and persons

coming into this condensed poison their clothes are saturated with it and it is taken thence to be spread to susceptible individuals who may be exposed to it. Children, and adults to the age of forty-five are most susceptible to its attacks, yet those older are by no means exempt from it. The period of incubation is from six to twenty days, with an average of ten days. The chief symptoms of the "invasive" stage are chills, fever, and pains in the lumbar region; the fever runs very high, and there is a marked exacerbation towards evening; the pain in the back is particularly severe, and is said to be more so in grave cases; there is also nausea and vomiting, headache and great restlessness; all these symptoms subside at the end of the third or on the fourth day, when an eruption shows itself on the lips and forehead soon extending to the body and the extremities. At first the eruption has a papular appearance, but on the second or third day after its appearance, at the top of each papule appears a vesicle, which gradually enlarges, filling up with a thick milky pus, becoming a pustule, which is fully accomplished by the fifth or sixth day. While forming a pustule has an umbilicated appearance, which Baehr says is caused by its formation around a hair which holds the centre down while the edges bulge up; this appearance is lost when the pustule is fully formed. On the eighth day matter begins to ooze from the edges, and secondary fever sets in, lasting three or four days or until all the pustules are broken. Scabs or crusts now form by the drying up of the exuded matter, and as they dry and fall off, the skin beneath presents a dark-red color, and where the ulceration has been deep a "pit" is formed, which the patient always carries thereafter. The redness gradually fades, and where no "pitting" has taken place, in the course of a month the natural color of the skin has returned. I know of cases where, although there had been no pitting, yet under the influence of anger or fear, the face presented a mottled appearance years after the disease. Where the pustules are very abundant in grave cases they may run together, and we have the variety "confluent small-pox," in which case the eruption is said to make its appearance usually a day sooner than in the discrete variety, and in the suppurative process the face and sometimes the whole body is in appearance one gigantic pustule, and the consequent drying up of this makes one continuous scab over all the body; the secondary fever in this case may not show itself until a day or two later, lasts longer, and is more severe, consequently

lengthening the dangerous period to the patient. These cases run towards a typhoid termination, death supervening from dysentery or diarrhoea, by passive hæmorrhages, by affections of the larynx or trachea, supervening pneumonia or bronchitis. "In peculiarly virulent cases the patient may sink from the onset of the disease, and die, the eruption not appearing until after death" (Da Costa). Variola is occasionally met with during other maladies, blending its symptoms with the concurrent disease, such as typhoid fever, typhus, scarlet fever, and measles; its peculiar traits betray it even while thus blended, its lumbar pain and characteristic eruption. Excepting at its onset variola is easily detected, but similar points of resemblance of the first stage may confound it with typhus fever, erysipelas, and several other disorders, when for certainty in diagnosis we must await the eruptive stage.

Varioloid is a modified form of small-pox, and varicella or chicken-pox is also regarded as a form of variola, but this is disputed by many:

Baehr recommends Bell. for the preliminary stage, but thinks any medicine of doubtful efficacy in this stage; and during the eruptive stage he recommends Mercurius, not repeated too often, and Hepar during suppuration to prevent excessive suppuration; he thinks Ant. crud. and Ant. tart. of little use. Ars. after pustules have formed; Secale cornutum and Mur. acid, if gangrenous degeneration threatens.

Hygienic measures are of the first importance; fresh air in abundance; cautious ablutions; the scabs softened with almond oil, and frequent washing and bathing; light diet during the first stage if the patient wants anything; as soon as scabs are off the patient should be allowed to go into the fresh air (Baehr).

Rhus tox., Apis, Phos. acid, Vaccinum, Variolinum are used, but of these last two remedies I know very little except that Raue says of Variolinum, it "makes the progress of the disease much milder, removes quickly all dangerous symptoms, changes imperfect pustules into regular ones, which soon afterward dry up; promotes suppuration on the third day and exsiccation on the fifth, sixth, and ninth day, and prevents all scars, this being the unanimous testimony of ten physicians who have used it in different epidemics."

Discussion on Variola.

Dr. Hofmann differed with the essayist in that he thought chicken-pox was not a variety of variola. In the former the

pustule is full and pointed, while in the latter it is umbilicated. Used *Sarracenia* with good results. Had never had any results from *Variolinum* or *Vaccinum*. Had observed that if the menses appear during an attack of variola it will be fatal. Pregnant females rarely take the disease; if they do it generally causes abortion. *Tartar em.* ought to be useful, for it produces similar pustules.

Dr. Willard mentioned the case of a woman who was attacked two weeks before delivery. When the child was born the entire skin came off it. It never took vaccination. Has two cases now under treatment, one of which has received *Bryonia* all through the attack.

Dr. Burgher agrees with Dr. Hofmann in regard to the difference between varicella and variola. He thinks the disease cannot be very much shortened, but the symptoms may be modified. To prevent pitting, he applies some unctuous substance and excludes light. Gives *Thuja* in the stage of desquamation.

Dr. Hofmann, to prevent pitting uses collodion and the black mask. Never uses mercurial ointment, as is sometimes recommended. Keeps the patient cool during suppurative stage. Had observed that small-pox was easily taken after typhoid fever.

Dr. Burgher used Carbolic acid to prevent pitting.

Dr. Willard had had excellent results from the same.

Dr. Burgher, in regard to frequent bathing as recommended by the essayist, thought it not advisable. The patients are often too sore to allow the most cautious ablutions. Should have an abundance of fresh air.

Dr. Cooper. The stage of incubation in this disease is from nine to fifteen days. Does not think it can be cut short by treatment. Neither can pitting be prevented by any application. The pits are deeper when exposed to the atmosphere than when protected. During the fever keep the room at a comfortable temperature; during the suppurative stage admit all the fresh air that can be obtained. Small-pox and varicella are not identical.

Dr. McClelland objected to the statement in the essay that the umbilicated form of the vesicle was due to its formation around a hair, as the same appearance is noticed when the vesicle is situated on a mucous surface.

Dr. Cooper. The umbilicated vesicle is a property of the small-pox eruption, and is one of its distinguishing charac-

teristics, and is not due to a hair. Agreed with Dr. Hofmann that pregnant women were unfortunate.

Dr. Burgher had seen the umbilicated pustules on palms of hands and soles of feet, where no hairs were present.

Dr. Willard thought that no pits were present where the tissues were thick and dense. The pitting is caused by the suppuration, and anything that prevents suppuration will prevent pitting.

Dr. Cooper. The pits are present, even in the dense tissues, but are spread over a larger surface and are not so noticeable. There is a difference in different epidemics. In one epidemic, in two hundred cases treated, but two died. Used a little olive oil, and there was very little pitting. He did not change his clothing when going to visit small-pox patients, and is very certain he never communicated the disease. The only precaution he used was, that when he had many cases of small-pox, he usually deferred his visits to them until the evening, when he was through his regular round of visits.

Dr. Burgher agreed with Dr. Willard that pitting can be prevented if the suppurative process can be controlled. For this purpose he uses Carbolic acid.

Dr. Ramage mentioned a case, occurring during the epidemic of 1873, of variola fever without the eruption, which ran a course of ten or twelve days.

Dr. McClelland thinks the pits do not show on the soles of the feet, because the whole skin is thrown off during desquamation. Uses with success a glycerole of Carbolic acid and Hydrastis. Thinks it prevents pitting.

Dr. Rousseau had never seen the whole skin peel off. The pustules in such situations were generally flatter and longer in coming off.

On motion, discussion closed.

Dr. Burgher was appointed essayist for January.

On motion, adjourned.

LEUCORRHŒA IN A CHILD.

BY M. H. C. WOODRUFF, M.D.

JENNIE H., aged 4 years, has had a discharge from vagina since infancy. The discharge is profuse, is accompanied by itching of the parts, which is so intolerable at times that she screams and rolls about as if half frantic. These severe

attacks occur about once in three months, after which the discharge is most profuse, staining the linen yellow, and requiring a change of underclothing twice or thrice daily.

Before an attack she is very nervous, tosses about in her sleep, is troublesome during the day, gets angry at trifles, is obstinate and exacting. Appetite very irregular; cries for things, which, when brought, are refused, but is particularly fond of milk, eggs, and candy.

Bowels irregular, diarrhœa predominating. Has frequent attacks of fever in the afternoon, at which time her limbs get very weak, breath exceedingly foul, and has a hacking cough at night. Has had good "allopathic" treatment from *experienced* physicians, but without permanent relief.

April 14th, 1874. Calcarea carb.^{cc}, one dose daily for nine days.

May 2d. Discharge gradually lessened until April 25th, since which time there has been *no* discharge.

May 12th. There was a sudden profuse discharge, containing a "thick lump," and the itching located in the rectum instead of vagina as heretofore.

Gave four powders of *Teucrium marum verum*, one at bedtime and one before breakfast for two days, followed on the third morning by a powder of Sulph.^o

May 20th. Child took a severe "cold," had profuse thick discharge from nostrils, loss of taste and smell, and partially of hearing; constipation; leucorrhœa returned, and fetid for the first time.

Gave Pulsatilla, 6^x, powder every night for a week.

May 29th. Leucorrhœa less troublesome; the "cold" has passed off. Calc. carb.³⁰, one dose daily for eight days.

June 12th. "Jennie seemed so well, thought it not worth while to go to the doctor's. But now something else ails her."

She has lumps of tough mucus in her throat, has severe colic pain around the navel, worse before stool, and a burning in the rectum. Anus stings and burns so that she must have cold cloths applied to get relief. Leucorrhœa only comes in lumps. Gave Aloes, 6^x, one dose daily for four days. After an interval of two weeks, her mother brought her to say she considered her well. The child had improved in health, looks, and temper. Have seen her frequently, and after an interval of eighteen months, her mother informs me that she has been entirely free from that complaint (leucorrhœa) or any other needing medicine.

PURPURA VARIOLOSA.

BY S. LILIENTHAL, M.D.

DECEMBER 23d, 1875, I was called in consultation by Dr. H., of this city, to see a young lady, where he found it impossible to make out a clear diagnosis. I found the patient in bed, perfectly conscious, with a filiform pulse of extreme frequency, tongue swollen, showing the indentations of the teeth, but no foul breath whatever, and the whole body, especially the lower extremities, covered with livid petechiæ of various shapes and sizes. The poor girl begged that something might be done for her relief, although she acknowledged herself to be free from pain.

The history of her case was as follows: She was betrothed to a young man of excellent character, who a year ago took sick with typhoid fever and died. This sudden bereavement changed her whole character. From being formerly lively and busy, she became now melancholy, wept often, and for a long time passed whole days in her bed, and ate very sparingly. Her menses also became irregular. She was only sick two or three days when I met the doctor in consultation, and she died the same night. Dr. H. made his certificate out as typhus petechialis.

January 2d, 1876, I was called to see her sister Anna, aged 16. She complained of excruciating headache and of spasms all along the spine. I found several places on the nucha and on the dorsal and lumbar vertebræ sore to the touch, and still she begged to have the spine pressed, as this gave her relief and allowed her to breathe more freely. Pulse 124; thermometer, 99; tongue coated white and moist; consciousness perfectly clear. She had vomited several times during the night, and was very restless, with an anxious look in her features. I felt puzzled, and diagnosed meningitis cerebro-spinalis. I prescribed a few powders of Ipecacuanha, which stopped the vomiting, to be followed by Baptisia, as the spinal and febrile symptoms appeared to correspond to that remedy. At my evening visit I found my patient in a quiet slumber, all vomiting had stopped, no thirst, and the bowels had moved once quite freely. Continued Baptisia.

January 3d. Patient passed a restless night; pains in entire back the same, though had less aching; tongue swollen and heavily coated; no difficulty in swallowing, no thirst, some

nausea yet. During the night slight twitching, but no convulsions; mind clear, complains of being so tired and weak; pulse the same, temperature not higher. Examined the body all over and could not detect the eruption of the spotted fever. Changed to *Cicuta virosa*. Her brother Adolph complained of severe headache, another older sister of general malaise, as if all her bones were broken, and a young man in the house of a severe cold and high fever. Sent notice to the board of health to find out what caused this focus of disease.

January 4th. There was no change in the evening. During the night she had several large bloody stools and menorrhagia had set in. She was now perfectly free from all pain, several petechial spots were under her chin and on the neck, and the tongue showed the indentation of the teeth. She died about 8 A.M. The headache of the brother kept on in spite of *Crotalus*, as I feared the same blood-poison acting on him, but of no avail. He also only lived 36 hours, and had the same copious bloody stools before succumbing to the fatal disease.

What was it? The board of health refused to accept my certificates of meningitis cerebro-spinalis, and at a coroner's inquest the disease was declared hæmorrhagic and most malignant variola. As I had reported the cases and urged speedy action in several letters, I could not be fined, but the gentlemanly physician at the head of this department showed me on his maps several little epidemics in certain localities, spreading just from cases where the physician failed to make the right diagnosis of variola.

Hæmorrhagic variola. In the many years of my practice I had never witnessed such cases, and my error in diagnosing rightly the disease may be therefore excusable; still Bock, in his *Diagnostik* (p. 180), mentions the hæmorrhagic putrefactive fever during the first stage, and Curschman (*Ziemssen, Encyclopædia*, ii, 2, 329) represents the purpura variolosa as the most malignant course which variola possibly could take during the initial stage. Unerringly and rapidly it leads to a fatal issue. From the very start the variola becomes hæmorrhagic. It attacks especially young and strong persons, and not only potatoes or patients weakened by former diseases. The history of such cases Curschman gives in a masterly manner, and we refer our readers to his classical monograph.

ARTICULAR RHEUMATISM CURED BY FERRUM PHOSPHORICUM.

BY S. LILIENTHAL, M.D.

MRS. ANNA A., 37 years old, nervous temperament, was attacked January 16th with severe pains in both knees, shooting down the legs; every motion was painful; high fever, with quick pulse and increased temperature; sleepless at night from the severity of the pains. In just such sudden attacks I had witnessed good results from Propylamin, but although given faithfully for two days, the pains not only remained the same, but the rheumatism attacked one joint after another without leaving the first one; in fact there was hardly a joint which was not more or less puffy, but there was very little redness about the joints. Colchicum²⁰ gave momentary relief to the night-pains, but did not stay the course of the disease. Finally, as the pains and swelling centred themselves in the shoulder-joints and around the upper part of the thorax (pectoralis and deltoid), I thought of Ferrum, a remedy nearly specific for sticking, lacerating pains in the shoulder-joint, and improvement set in from the first dose. She took Schüssler's *Ferrum phosphor.*¹² for three days, and it was curious to witness how the rheumatism returned from one joint to another in its downward course, till it reached the knees again, and after two days more (Sacch. lac. was given) every vestige of rheumatism was gone. Two weeks' fruitless labor, till the right remedy was given, and then immediate and steady improvement. I never saw the already curved fingers regain their natural shape in such a short time.

THE PRIMARY AND SECONDARY SYMPTOMS OF DRUGS DEFINED AND DISTINGUISHED.*

BY J. P. DAKE, M.D., NASHVILLE, TENN.

THE old and yet current methods of studying the effects of drug-action, have developed either very little occasion, or no

* At the last meeting of the American Institute of Homeopathy, the bureau of *Materia Medica*, beside a reproving of *Sepia*, presented a report on primary and secondary symptoms.

The laws of the Institute prohibiting the publication of this second report in the *Transactions*, a portion of the papers constituting this report will, with the consent of the authors, and by order of the Executive Committee, be published in this journal, viz: "Primary and Secondary Symptoms Defined and Distinguished," by J. P. Dake, M.D., "Primary

earnest wish to inquire as to which of such effects should be regarded as primary, and which secondary.

Empirics, caring to know concerning a remedy simply what diseases it had been found to cure, have rested upon no nice distinctions regarding its first impression and subsequent workings in the human organism; and theoretical schools, embracing all parties outside of homeopathy, although really requiring a knowledge of the positive and peculiar effects of the several remedies to be employed in accordance with the different theories entertained, have sought that knowledge, whenever desired, in such manner as actually to preclude its attainment.

Drug-effects, as experienced or observed by them *ex usu in morbis*, are not the symptoms of positive drug-action at all, but simply the imperfect signs of what the several remedies have done, or are supposed to have done, in certain morbid conditions, and under certain circumstances which may never occur again. But, by the method adopted and first practically followed out by Hahnemann, the proving of medicines by persons in health, it has been possible to obtain the effects of their direct action, their peculiar shades and grades of influence in the human organism, with more or less exactitude; and when provings shall be conducted in such manner as to furnish drug symptoms in yet greater purity, and when their notation is so made as to show the order of their occurrence, as well as their character, other and nicer distinctions may be made, of great value to the medical philosopher as well as the medical practitioner.

Upon the principle that men seldom, if ever, strive after that of which they do not realize the want, or for the attainment of which they see no possible way, we must account for the utter failure to recognize and trace the primary and secondary symptoms of drugs, by medical scholars who have had much to say about the primary and secondary symptoms of disease.

GENERAL VIEW.

It was left for Hahnemann, from his new standpoint, surveying the field of medicinal action, and *comparing* the effects

and Secondary Symptoms as Guides in the Selection of the Remedy," by W. McGeorge, M.D., and "Primary and Secondary Symptoms as Guides in Determining the Dose," by Carroll Dunham, M.D. We crowd out editorial and other matter from the number, to give place to Dr. Duke's paper.—EDITOR H. M.

experienced by the healthy with those experienced by the sick, when under the influence of the same drug, to discover that those effects were not the same in both cases.

He saw that China, taken in sufficient quantity by a well person, produced a peculiar form of diarrhœa, while China, in less quantity, taken by a person having a similar diarrhœa, produced healthy evacuations and sometimes constipation. He was, therefore, not long in reaching the conclusion, and in announcing that "most medicines have more than one action; the first a *direct* action, which gradually changes into the second, which is the secondary or indirect action; and that the latter is generally a state exactly the opposite of the former." Recognizing this distinction in drug symptoms, he very naturally concluded that under the homœopathic law, the primary symptoms of the remedy selected should be *similar* to those of the disease to be removed.

Looking a little farther, Hahnemann discovered that a diarrhœa, such as might be produced by China, was often succeeded by constipation when no remedy had been used. In such case, he saw that the diarrhœa was the effect of some morbid cause, and that the recovery and succeeding constipation were clearly due to the resistance or reaction of the vital force, serving as the *vis medicatrix nature*. He therefore said, "Every agent acts upon the vitality, every medicine produces more or less change in the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed *primary action*. To this influence, our vital force endeavors to oppose its own energy. This reaction belongs to our preserving vital force, of which it is an automatic action, and it is termed *secondary action*, or counteraction."

Assuming the standpoint of Hahnemann, and taking into view all the phenomena of drug-action in the healthy and in the sick, I cannot see how he could have done otherwise than to draw a dividing line where he did, calling those observed in the healthy *positive, direct, primary, or pathogenetic*, and those observed in the sick, *negative, indirect, secondary, or curative symptoms*. His standpoint, of course, was upon the law *similia*, and the phenomena or symptoms compared were those arising from a drug taken by persons in health on the one side, and those disappearing from the sick, or made to appear for the first in the sick under the influence of the same drug, on the other side.

His primary or positive symptoms, then, were all those indicative of disturbed actions and altered functions, the normal actions and functions being the standard; and his secondary or negative symptoms were the subsidence and cessation of the several disturbed actions and altered functions, and all disturbances and alterations opposite to those primarily induced by the drug.

In the example given by Hahnemann, when the hand is held long in very cold water, it is pale, cold and shrunken—primary or positive symptoms—and when taken out of the water, it soon becomes warm again, then red, heated and swollen—secondary or negative symptoms. I ask if the distinction made is not well founded and very plain.

If, as has been gravely asserted, “what is called reaction of the organism has no existence,” how does the hand become *red, and heated, and swollen*? Does the hand of a cadaver, thus made colder, become *red, and heated, and swollen* by simple removal from the water? Were the living hand to become only normally warm after its cold bath, instead of vital reaction we might recognize only the *restitutio in integrum*; but when it becomes much warmer than before, it is evidently more than a restitution. Is it not the effect of excessive vital reaction induced by the cold? Is it not the secondary effect of cold? Or, taking another example: when a person in health swallows a dose of Glonoin, 1st decimal, he very soon experiences a *fulness in head, throbbing in temples and neck, vertigo*, etc., while another, having such symptoms from exposure to the sun, or other cause, taking the same drug, 2d or 3d decimal, after a brief aggravation of his troubles, finds the throbbing cease, then the fulness, vertigo, etc., and he is well again. Is the subsidence of the head congestion due to the “wavelike medicinal action” of the Glonoin, or to the reaction of the force which, in health, sends a certain amount of blood to the head, and restrains the excess? If the cure is explained upon the “wavelike” theory, the rise must bring congestion, while the fall removes it; and why and when, pray, does the “wavelike action” cease? Why stop at the point of simple restitution to a normal state? Let it be called what it may, there is a power, resident in the living organism, that resists noxious influences, striving to correct abnormal actions and functions, without which power health could neither be maintained nor restored.

SPECIAL VIEW.

But when Hahnemann came down from his elevated or general standpoint, and more closely inspected the pathogenetic effects of drugs, he discovered that even they were not all of one kind or meaning, that some were not simply unlike, but even contradictory to others. He saw that the exhilaration of Coffee was followed by drowsiness, the stupefaction of Opium by wakefulness, the diarrhœa of China by constipation, the constipation of Nux vomica by diarrhœa, etc. With all the honesty and ardor of his nature, he endeavored to carry the line of distinction which he had drawn in general between primary and secondary symptoms, through the effects of drugs as exhibited in healthy persons alone, setting aside the secondary as of little or no value in homœopathic practice.

In the first editions of his *Materia Medica Pura*, his line of distinction was frequently seen. In later editions, when seen, it was usually to mark some symptoms as primary and others as *alternating*, and it may be noticed that, in his latest issues of *Materia Medica*, he very seldom distinguished the symptoms which before he would have termed *secondary* or *alternating*, but nearly all were placed upon a common level.

APPARENT CHANGE OF VIEWS.

It has been supposed by some, from the facts just stated, that Hahnemann's views underwent a change, leading him to abandon his original position, and to take all drug symptoms as the positive and primary effects of drug influence. Some have thought the master was driven from his position by their weighty arguments, urged against the reality of any "reaction of the organism," and in favor of the simple *restitution* theory; while others, perhaps with less conceit and more magnanimity, have supposed him to have found no real basis or practical good in his line of demarcation. But, to those who have traced the progress of Hahnemann, from his discovery of the great therapeutic law down to the latest issue of his *Chronic Diseases*, observing the development of his subordinate principles and rules, one after another, not out of a fruitful imagination, but as seemed *ex necessitate rerum*, he will appear not as having abandoned his original views of primary and secondary drug symptoms, but as yielding, reluctantly, to difficulties seemingly

insuperable, and to expedients not altogether consistent with his own high conceptions of what was demanded.

APPARENT CHANGES EXPLAINED.

The great number and diversity of human ailments, demonstrating to him the urgent necessity of having a large number of medicinal agents, with a full display of their capabilities, and the small number of healthy persons willing to aid him in drug auto-experimentation, led him to accept, as genuine drug-effects, symptoms reported in cases of poisoning and of clinical experience, which he found himself totally unable to separate into primary and secondary, in accordance with his original schema. He therefore gradually abandoned his schema, and yielded to the suggestions of some of his disciples, who proposed to call antagonistic symptoms *alternating* simply, and so removed measurably from under the condemnation which he had before passed upon them as secondary symptoms. And in order to rid his *Materia Medica* of such antagonistic and questionable symptoms, such aggravations as he had attributed to the excessive "reaction of the organism," which reaction some of his disciples had ridiculed as a *myth*, he abandoned the use of massive or sensible doses of medicine in his provings, and employed the 30th attenuation. He therefore wrote, "In experiments with moderate doses of medicine on healthy bodies, we observe only their primary action." And again he wrote, "The more moderate, within certain limits, the doses of the medicines used for such experiments, the more distinctly are the *primary actions* developed; and these, which are the most worth knowing, occur alone, without any admixture of secondary actions or reactions of the vital force." When, therefore, his *Chronic Diseases* appeared, made up of symptoms gathered from toxicology and clinical experience, and from provings made with massive doses and moderate doses, and doses of the 30th dilution, all mingled together, it cannot be surprising that he gave up in despair all efforts to distinguish between primary and secondary symptoms.

His original schema, so well and fully in keeping with his great therapeutic law, when rightly understood and applied, was thus practically abandoned, not, I am persuaded, from any conviction in his own mind of its unsoundness, but from the exceedingly impure, and fragmentary, and indefinite character of the symptoms brought together as drug-effects.

The store of physiological and pathological knowledge was not then sufficient, nor is it now, nor will it ever be, to explain the meaning and uses of all or any considerable part of the drug symptoms, as they stood when Hahnemann wrote his last words on the subject.

REAL DISTINCTIONS AND DEFINITIONS.

The limits of this report will not allow me to give the various views that have been put forth by different writers, regarding the occurrence and meaning and value of primary and secondary drug symptoms. Some have opposed Hahnemann through misapprehension, and so combated "men of straw" set up in their own imaginations, more than they have his real sentiments on the subject; nor can I here enter upon the discussion of the philosophy of drug-action, showing how drug-force impinges the organism and is propagated from tissue to tissue, its progress being marked by successive groups of symptoms. However interesting and important such speculations might be at other times and places, they cannot come in here to settle the questions before us.

Whether the mode of action belonging to drug-force is analogous to that of electricity, or of heat, or light, or sound, matters not to us in determining the character and use of drug-symptoms.

We must have appreciable, plain, and practical distinctions based upon facts, and not upon abstract speculations.

Approaching the subject with such an understanding, we find that our definitions of primary and secondary drug-symptoms must be governed entirely by the point of view assumed.

GENERAL DEFINITION.

When, like Hahnemann, we take a general survey of the field, we must, like him, define as,

1. *Primary symptoms*; all such as appear from the influence of a drug when acting in a healthy organism, the phenomena of the healthy state being the standard; and as

2. *Secondary symptoms*; all such as appear from the influence of the same drug, acting homœopathically in a diseased organism, the standard being the phenomena of the existing disease.

For example, when a healthy person takes *Ipecac.* in full doses he experiences *disgust for food*; *constant nausea*; *pain*

in stomach; vomiting of ingesta; vomiting of bile; feeling of emptiness and relaxation, etc.

These are some of the *primary* symptoms of *Ipecac.*

When a sick person having such troubles from some other cause than *Ipecac.*, takes that drug in small doses, he experiences *cessation of the vomiting of bile and ingesta; relief from pain in stomach; removal of nausea; desire for food, etc.*

These are some of the *secondary* symptoms of *Ipecac.*

I am well aware that in the consideration of cause as to the symptoms mentioned, there is a chance for casuistic quibbling. It may be said that, in the latter case, the "cessation," the "relief from," and the "removal," are but the effects of *vital action*, the *restitutio in integrum*, and, from the physiological standpoint alone, such a view might be correct; but from the therapeutic standpoint, that from which we are now viewing the subject, it is not correct, because the whole truth is not thus told nor explained. *Vital action* did not secure the "cessation," the "relief from," and the "removal," till compelled or enabled to do so by the medicinal force of the *Ipecac.* employed for that special purpose.

The ringing sound that comes from the distant smith's shop, one may tell us is caused by the smith, another by the smith's hammer, a third by the anvil, and a fourth by certain vibrations of air striking upon the tympanum of the ear. While each has told us the truth concerning the sound we hear, as viewed from his standpoint, the only proper statement, all things considered, is, *that it comes from the smith's hammer*, all the other links in the chain of causation being so subordinate or so well understood as to require no special mention.

The mechanical force of the hammer, correlated and transformed through the anvil and through the air, comes to the tympanum, revealing its character and origin by peculiar sounds; and so likewise the medicinal force of the *Ipecac.*, through whatever channel passing, and however correlated, is distinctly announced in the healthy organism by peculiar primary symptoms, and in the diseased organism, by secondary symptoms.

SPECIAL DEFINITION.

But when, as did Hahnemann, we take another and less extended survey of the field of drug-action, looking alone to the effects of drugs in the healthy organism, we may often discover contradictory symptoms; and the question arises, how shall they be regarded.

A close inspection will inform us that, among such symptoms, those which occur first in point of time are strictly *primary*, while their opposites are of the same character and tendency as those appearing in the sick, and already termed *secondary*.

From this standpoint, we must define as,

1. *Primary symptoms*; all such as occur from the influence of a drug, when acting in a healthy organism, an opposite to none of them appearing; and also the first, in point of time, of each two of all opposing or contradictory symptoms; and as

2. *Secondary symptoms*; all such, among opposites or contradictories, as are not known to be primary.

The exhilaration of Coffee; the stupefaction of Opium; the diarrhœa of China, and the constipation of Nux vomica, are all *primary symptoms*; while the succeeding *drowsiness of Coffee and wakefulness of Opium, and constipation of China and diarrhœa of Nux vomica*, are *secondary symptoms*.

It matters nothing, then, how many mutually contradictory or opposing symptoms we may find in a drug proving, provided we know *which* of every two opposites observed came *first*, and we shall have no need, with such knowledge, of placing all such symptoms under a ban as worthless, nor yet of turning them out as everlasting *Materia Medica* conundrums, under the vague title of "*alternating symptoms*."

Although it does not come strictly within the limits of my part of the subject, I cannot refrain from saying that with a proper knowledge of primary and secondary symptoms, as lastly defined and distinguished, every drug symptom is of value, none to be rejected and none slighted.

In consulting the *Materia Medica*, if it is known that always where two contradictory symptoms appear they are written in the *order of their occurrence*, the practitioner will have no trouble in determining their comparative value and proper uses, knowing that the similarity between the symptoms of his case and the drug symptoms must appear in their order as well as character, and that while he may take the primary just as they stand, the secondary are of value and must be taken only when preceded by their *respective primaries*.

For example, he would not select *Coffee* for drowsiness, unless that condition had been preceded by wakefulness, nor *Nux vomica* for diarrhœa, unless that affection had succeeded a constipation of the bowels.

In conclusion, I must be allowed to express my regret that

the symptoms composing our present *Materia Medica*, have been so elicited or recorded by provers, or so gathered from all quarters, as to render it impossible now, or at any future time, except by a thorough reproofing and proper methods of notation, to distinguish the primary from the secondary, and that in such a deplorable state of the *Materia Medica*, it has seemed necessary to abandon discriminations considered important by the father of homœopathy, and such as to-day are demanded in a strict observance of the homœopathic law and a proper use of pathogenetic knowledge.

BUREAU OF INQUIRY.

[All communications for this department must give the name and address of the writer, which will be published or not, per request.—EDITOR]

IN infantile vomiting, how is brain-irritation distinguished from intestinal or gastric as the producing cause?—(V. H.)

In cerebral disturbance the vomiting is worse when the child is raised up from a recumbent posture; the emesis comes quickly, and usually without the least warning, and if the affection is more vital, the material thrown from the stomach comes out with a spurt or jerk, and is thrown some distance. The brain-vomiting is more constant and obstinate, and comes on rather after a quick movement of the head or body than after taking food. There is seldom pain or distress in the bowels or stomach attending it, and after the contents of the stomach are thrown off, no bile or foul smelling material is noticed in what is thrown up. Hiccough, and a "gulping up" of watery fluid, often attends the brain-vomiting. The presence of other brain-symptoms, such as rolling or tossing of the head, heat of the head, rolling up of the eyes, almost constant movement of an arm or leg, will often assist in distinguishing it. The tongue is not so frequently coated in brain-vomiting. The patient has a tendency to carry one or both hands up to the head or ear, and twitching of the muscles or sudden starts, drowsiness, and dull expression in the eyes, are commonly present in brain-vomiting. In gastric or intestinal irritation, before the brain becomes affected, the attack is generally accompanied with pain; the material thrown up is mingled with bile or undigested food, or the irritability may be so great that the drink or milk may return immediately after nursing; nausea, and retching, and distress, and frequently pain, precede or attend this kind of vomiting. It comes on more frequently immediately after taking nourishment or drink, and is not apt to be so persistent.

The contortions of the infant are more constant with the lower extremities than the upper, and there is more flexing or folding up of the body; while in brain-disturbance it is more frequently found lying outstretched, or with occasional disposition to extend the head and body backwards.—(BUSHROD)

(An Old Subscriber.)—Comply with the rule of this department and your query will be answered.

EDITORIAL NOTES.

BOERICKE & TAFEL'S CONCENTRATED EXTRACT OF HAMAMELIS OR WITCH HAZEL.—Within the last few years probably no drug has increased in favor, both with the public and profession, in the same ratio as Hamamelis. In view, therefore, of the largely increasing demand for this article, and in deference to constantly recurring inquiries, we herewith have the pleasure to publish the formula for the above "Concentrated Extract of Hamamelis or Witch Hazel"

To the profession it is needless to here reiterate the pathogenetic and therapeutic properties of the Hamamelis Virginica.

Boericke & Tafel have adopted the word "concentrated" in connection with their extract, to distinguish it from the commoner kinds now in the market, and so far as possible they will endeavor to have it on sale with druggists generally in order that physicians at a distance may save time and express charges in ordering it. The "concentrated extract" will be of uniform quality, its preparation being intrusted to the care of an experienced chemist.

On comparison, the "concentrated extract" will be found to emit a peculiarly sweet and penetrating odor, not to be detected in commoner preparations.

Formula for Concentrated Extract of Hamamelis Virginica.

Take of fresh bark of Hamamelis Virg. five pounds, reduce to a coarse powder, and macerate it with five quarts of soft water for twenty-four to forty-eight hours, according to the temperature, then transfer to a still, and by application of a slow heat draw off carefully four quarts of liquid. Afterwards mix with one pint of pure homœopathic alcohol, and the extract will be ready for use. It has a peculiar aromatic smell, and an agreeable sweetish taste.

NEW YORK OPHTHALMIC HOSPITAL REPORT FOR THE MONTH ENDING FEBRUARY 29th, 1876:

Number of Prescriptions,	2438
Number of new Patients,	268
Number of Patients resident in the Hospital,	35
Average daily Attendance,	102
Largest daily Attendance,	166

ALFRED WHANSTALL, M D.,
Resident Surgeon.

DR. GEORGE S. NORTON has been appointed a surgeon of the New York Ophthalmic Hospital.

OBITUARY.

GEORGE H. BUTE, M.D.

GEORGE HENRY BUTE was born in the Duchy of Schaumburg Lippe Bueckeburg, on the 20th of May, 1792. During the latter period of French dominion in Germany he was obliged to leave his parental roof in order to escape military conscription. He then led a roving life for several years, serving, for instance, on a Dutch man-of-war. He visited during this service the southern parts of Europe, even Constantinople, deserted at Genoa, traversed all Germany on foot, and embarked for the United States, where he landed at Philadelphia in August, 1819. He obtained a situation with and worked for some time in the then famous garden of Mr. Pratt; got acquainted with the Moravians through their bishop, R. Rud. Herman, and entered, in 1822, the Moravian Boarding School at Nazareth, Pa., called Nazareth Hall, as teacher. He married, at Nazareth, Miss Mary Bardill, daughter of a Moravian missionary, in April, 1825, returned to Philadelphia, where he was employed in a store until after the arrival from Germany of his younger brother Charles, when the two started a sugar refinery. In 1828 he received a special commission to proceed to Surinam (Dutch Guiana) as a missionary, and accordingly departed for that country. Being stationed in the city of Paramaribo, he became acquainted with Dr. Constantine Hering, who, having been sent there by the Saxon government as botanist and geologist was practicing homœopathy also. Young Bute placed himself under Dr. Hering's tuition, studied with great zeal and enthusiasm, but was obliged, on account of feeble health, to return in 1831 to the United States. He landed in Boston and proceeded to Nazareth, to perfect himself in his chosen and much-loved profession. He soon went to Philadelphia, where the Asiatic cholera had broken out in a virulent form, and in the treatment of which he met with great success, and demonstrated the truth of Hahnemann's system.

He acquired a widespread reputation and great practice, and was joined in 1833 by his friend Dr. Hering from Paramaribo, and they worked together for some time. The venerable Dr. Jacob Jeanes, of Philadelphia, was one of the first converts from the allopathic ranks.

Soon his health gave way, and after six years of active service in Philadelphia he was obliged to withdraw to the country, and again selected Nazareth, which was his residence up to the time of his decease. He never ceased to labor by writing, experimentation, and practice, to advance the great cause of homœopathy. The death of his faithful partner, his wife, in 1869, affected him very deeply, and he began to show signs of failing strength in body, his mind and intellect, however, remaining bright and clear. He failed rapidly from the commencement of last winter, and it soon became plain that his days were numbered. At the beginning of last November he visited his much-loved garden for the last time (he was an enthusiastic friend of gardening), and from the latter part of that month he never left his room or bed, until he passed away to his eternal rest, at the age of 83 years, 8 months, 23 days, after a long and tedious, and often very painful and distressing, sickness, with sleepless nights and restless days, on February 13th, 1876.

The following notes as to Dr. Bute's contributions direct to homœopathy, were kindly furnished by his old friend and colleague, Dr. C. Hering:

He was the first prover of the indigenous plants, *Sanguinaria Canadensis*, *Cistus Canadensis*, *Chimaphila umbellata*, *Chimaphila maculata*,

Rhus venerata, and *Rhus glabra*. He also proved *Rhus tox.* and *Rhus radicans*, and made comparisons of the different *Rhus*.

He was the introducer of the West Indian *Moncinella*, and made some of the provings of *Juglans cinerea*.

He proved *Sarracenia asimina* and *Ustilago maidis* in 1840.

He made provings of *Cypripedium humile* and *Phallus impudicus*.

A lady whom he had cured with *Daphne mezereum*, on being told the remedy, handed him from her flower-pot a twig of the *Daphne Indica*, with the request that he would prove it. He did so, and it has been of great use in many cases.

He contributed to the Allentown provings of *Lachesis*, *Mephitis*, *Calcarea phosphorica mixta*, and *basica*.

Some of his symptoms of *Alum* he sent to Hahnemann, who inserted them in his *Chronic Diseases*. (See Vol. II, p. 35.)

He also observed valuable symptoms of *Conium maculatum*.

A Baptist minister from Canada, suffering from an old intermittent, for which he had taken all that the old school and homeopathy, as far as tried, could furnish, applied to Dr. Bute for relief. General anasarca having set in, he asked, in his extremity, for a tincture to prove. Bute, remembering that his mother had always been in the habit of carefully pouring away the water in which she had boiled eggs, because, she said, "people get the fever from such water," and recollecting once having witnessed a cure of intermittent in a man who opened an egg and poured brandy into one-half of the shell and drank it off, he now proceeded to make a tincture by breaking a newly laid egg, taking away the yolk and greater part of the white, and putting the rest in a bottle with alcohol. This *albumen ovi*, as it was called, made a complete cure of the clergyman's intermittent, and has been found of great service in many desperate cases since.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

ANNUAL COMMENCEMENT.

THE commencement of the College took place at the Academy of Music on Thursday, March 10th, at 12 o'clock. After the rendition of numerous beautiful airs by Hassler's orchestra, and a prayer by Rev. R. D. Harper, D.D., the valedictory address was delivered by Prof. E. A. Farrington. The degrees were then conferred, prizes and bouquets distributed, and the benediction pronounced by Dr. Harper. The list of graduates comprised fifty-three gentlemen, from all portions of the country. A special degree was conferred on Dr. Frederick Bruns, of Massachusetts. The honorary degree was conferred on Constantine Hering, M.D., of Philadelphia; John F. Gray, M.D., of New York; and Dr. Joshua Matthew Cowell, of New Zealand. The prizes were awarded as follows: First prize, gold medal, awarded to George S. Adams, of Massachusetts. Second prize, silver medal, awarded to Francis T. Burk, of Maryland. Third prize, bronze medal, awarded to Frank A. Bishop, of New York. Prof. Thomas's prize, for the best dissection, a case of surgical instruments, to Horace G. Griffith, of Philadelphia.

In the evening a "reception" was given in honor of the class at the residence of Prof. H. N. Martin, which was a very enjoyable affair.

THE
HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, April, 1876.

No. 9.

PRIMARY AND SECONDARY SYMPTOMS OF DRUGS AS GUIDES IN
THE SELECTION OF REMEDIES IN PRACTICE.*

BY WALLACE M'GEORGE, M.D.

THE Chairman of the Bureau of Materia Medica has assigned to me, for a report, the subject of "Primary and Secondary Symptoms as Guides in the Selection of Remedies in Practice;" it being understood that this assignment does not debar me from giving a statement of my views on other subdivisions.

That nearly all, or at all events a majority, of our remedies have distinctive primary and secondary symptoms, scarcely any one who has made a thorough and laborious study of our Materia Medica will deny; and yet, in the experience of the writer, many physicians of our school—men in some cases of large practice—have denied that there is such a distinction as primary and secondary symptoms. True, in a few of these cases, these physicians might more properly be called empiricists or empirics, instead of homœopathists or homœopathicians. For what they know of the sphere of action of homœopathic remedies they have learned from experience in practice, and not from a study of the pathogeneses of our remedies.

But accepting, as the writer does, the *fact* of there being primary and secondary symptoms of drugs, it does not fol-

* Presented to the American Institute of Homœopathy, at its Twenty-eighth Session.

low that this double action of our remedies serves us as guides in the selection of remedies in practice in all cases.

And again, while I do distinctly recognize the *fact* that most of our remedies have primary and secondary symptoms in their pathogeneses, I do not recognize the fact that this primary or secondary condition of things should interfere with the exhibition of the similar remedy in any particular case when the totality of the symptoms in other respects was covered. It may be that a more careful study of the case would have shown that the primary or secondary condition of things was similar, both in the remedy prescribed and the case prescribed for; but in the great majority of cases we are apt to overlook this primary or secondary condition in our haste to get through, and thereby cannot speak so authoritatively on this subject as otherwise we might do.

And now, as to the writer's definition of primary and secondary symptoms of drugs. By primary symptoms I mean those symptoms first to appear in order of time or development, but not necessarily those symptoms which stand highest in rank or importance. As examples, I would give the following illustrations:

In *Aconite* we find restlessness, unquenchable thirst, high fever, quick, humid respiration. These symptoms are not only primary so far as order of time in appearance goes, but primary also in rank or importance.

In *Nux vomica* we find costiveness or constipation, and strangury as well as retention of urine, primary symptoms in order of appearance.

In *Pulsatilla* we find constipation and retention of urine as primary symptoms.

In *Podophyllum* we find from the exhibition of the crude drug in massive doses, looseness of the bowels, or diarrhœa, always to result as a primary symptom; if administered in smaller but yet appreciable doses (say $\frac{1}{4}$ of a grain), two or three doses will nearly always accomplish the same result, but in a lesser degree; and if we exhibit it in the high potencies, two or three doses will rarely produce a relaxation of the bowels, and, if at all, only after the lapse of several days.

By secondary symptoms I mean those which appear after the first or primary symptoms have disappeared, or after taking the drug a few days or weeks. Those symptoms which appear last and remain the longest are generally considered secondary. And yet, although they appear the last,

and are secondary as to time of appearance, they are not to be considered as inferior to, or of less value than, or even subordinate to, the primary symptoms, but are really, in most chronic diseases, of the very highest importance. As examples of secondary symptoms I cite:

In *Nux vomica* we find continued copious diarrhœic stools and copious emission of urine as a secondary or curative effect, upon the authority of Hahnemann (which is good enough for me, if not for some of my colleagues in the State Society).

In *Pulsatilla* we find diarrhœa at night, copious micturition and involuntary micturition, as secondary or curative effects.

In *Podophyllum* we have constipation, with flatulence and headache, feces hard and dry and voided with difficulty, as a secondary effect (from massive or appreciable doses).

In many kinds of diseases the distinguishing of primary and secondary symptoms will assist us greatly in prescribing for our patients, and enable us to cure our cases more surely and speedily, and in this way carry out more fully the first section of the *Organon*: "The first and sole duty of the physician is to restore health to the sick." Among this class of diseases we enumerate constipation and its opposite, diarrhœa, impotency and the opposite condition, increase of sexual desire, suppression of urine, etc.

The first question an old school or allopathic physician generally asks his patients is: "Are your bowels regular?" This condition of the bowels is one which possesses much more importance to him than to a homœopath, but still it will answer our purpose here, and enable us to come directly to the point. In constipation or obstruction of the bowels, the allopaths administer a cathartic, *because the primary effect* is an increased number of alvine evacuations; that is, they give a medicine which will primarily produce an increased action of the glands of the intestines as well as an increase of peristaltic action, and diarrhœa or looseness of the bowels will result. In from three to ten days, if no other medicine is given, the secondary condition of affairs will follow, and the constipation become more and more obdurate than before. The primary action has had a *palliative* effect, but the secondary action is bad. The remedy chosen not being homœopathic to the case, has produced an aggravation instead of an amelioration.

Under the homœopathic law, we would prescribe a [so-called] cathartic in diarrhœa or looseness of the bowels, because the primary effect of such remedies is to produce looseness in the healthy, and consequently to cure that condition in the sick. As examples, I would name Aloes, Colocynthis, Elaterium, Gummi gutti (Gambogia), Magnesia carbonica, Podophyllum, and Veratrum.

Aloes in allopathic practice is cathartic, affecting the rectum chiefly. In our practice *Aloes* would be indicated in yellow, fecal stools, bloody mucous stools, resembling jelly, and in involuntary stools. It is one of our most valuable remedies for diarrhœa and dysentery (Bell) because its primary symptoms in the healthy show it to produce a laxative effect on the bowels, particularly on the descending colon and rectum.

Colocynthis (*Cucumis colocynthis*), according to allopathic writers, is a strong cathartic, acting chiefly on the upper part of the intestines. Homœopathic physicians would administer it for saffron-yellow stools, frothy liquid stools, first watery and mucous, then bilious, and lastly bloody stools, excoriating, frequent, but not profuse. In this remedy particularly, the high potencies act beautifully and speedily, while in the low potencies, or tincture form, we often miss this promptness of action.

Elaterium (the dried sediment from the juice of the squirting cucumber) is a most powerful cathartic, and as such has frequently been used in dropsies. Indications for its use homœopathically are: Frothy, watery stools, frequent, copious, and urgent, dark-green mucous stools, sometimes in whitish mucous stools mixed with blood. I know of no indications for its use in constipation of the bowels, unless administered in very crude doses.

Gummi gutti (cambogia or gambogia) is a powerful hydragogue cathartic in allopathy. Bell says of it (used homœopathically): "It is one of the most important remedies in the treatment of diarrhœa, both acute and chronic, and has also a place in the therapeutics of infantile diarrhœa, and of dysentery." In thin yellow fecal stools, coming out all at once with a single, somewhat prolonged effort, preceded by sudden urging, with hot pinching throughout the abdomen, and feeling of great relief in the abdomen after a stool, it is invaluable, and high or low, or even in the crude yellow powder we find in the shops, it will work speedily and well. I remember three years ago giving some of the crude drug

(because I had no other, and could get no other in less than twenty-four hours) to one of my children who was suffering intensely with the symptoms given above. One dose (probably one-eighth of a grain) worked admirably and produced immediate amelioration. Since then I have prescribed the 30th potency with more pleasure, but not with any pleasanter result.

Magnesia carbonica, according to old-school therapeutics, is laxative when it meets with acid in the stomach, and is considered an aperient. In our practice, in certain cases of infantile diarrhoea, when we find green, watery, scummy stools, the seum resembling that floating on top of stagnant pools or ponds, with or without blood accompanying the stool, *Magnesia carb.* will speedily, surely cure, because it is specific to the case. In this class of cases, and in green watery stools, with bloody mucus sinking to the bottom of the vessel, *Magnesia carbonica* will be found to be almost invaluable.

Podophyllum is purgative in large doses, laxative in small doses, according to old-school writers. With us it will ameliorate and cure frequent, gushing, painless stools, so often found in cholera morbus and infantum. The more clearly the stools are frequent, profuse, and copious, each stool seeming to drain the patient dry, but soon followed by another stool just as copious, the more surely will *Podophyllum* be curative.

Veratrum album. "Violently purgative and emetic, even when applied to an ulcerated surface." (Dunglison.) With me, a characteristic indication for its use has been the purging and vomiting simultaneously, in any form of cholera. When this condition was present I have never known it to fail. In involuntary stools, with cold sweat on the forehead, sunken jaw, etc., a dose of the 200th will put an entirely different aspect on the case in two or three hours.

With these illustrations I will close this part of my paper, referring to our use of (allopathic) cathartics for the (homœopathic) cure of diarrhoea. And yet I cannot close it without saying that the question of potency and dose is very intimately connected with the exhibition of our remedies in this class of cases. Of all the seven remedies named above, there is not one that would not produce an aggravation instead of an amelioration if administered in a crude state, and nearly all would do the same thing if administered in drop doses of the tincture. In my own experience, I have never seen good

results follow the use of the crude drug in any of these remedies (in diarrhœa or dysentery) save Gambogia; in the 30th or 200th potency all these remedies would act in a curative manner only, unless repeated too often and administered longer than was necessary; in such cases we would occasionally see aggravations even from the 30th and 200th potencies.

This question then of potency and dose has weight here, because the low potencies, tinctures, or triturations will produce the primary effect, equivalent to an aggravation in many cases, while the high potencies produce the desired effect at once. In other words, the low potencies produce the medicinal action first, which we do not want, while the high potencies produce the curative effect at once.

We have just shown, in the illustrations given above, examples of the homœopathic application of allopathic medicines in the treatment of diarrhœa. We will now give some symptoms from the *Symptomen Codex* of a few of our principal remedies for constipation, the primary symptom of which show constipation to follow immediately after taking the drug.

Alumina.—Retention of stool. No stool during the first days. *Tenesmus, lasting a long while, and succeeding a troublesome pressure in the abdomen; the evacuation comes on slowly, and can only be effected by straining the abdominal muscles; the intestines appear to be inactive for want of peristaltic motion. *The rectum is inactive, as if it were deficient in peristaltic motion, and had not strength enough to press the contents out. *Hard and difficult stool, attended with pain in the rectum. *Secondary Symptoms*: Diarrhœa, succeeding a retention of stool which had lasted six days; six evacuations a day, every evacuation being preceded by colic, which sometimes continued even after the evacuation had taken place.

Bryonia.—*Chronic constipation. *Hard, tough stool, with protrusion of the rectum. °Dry stool, as if burnt. *The fæces are of a large size, and are therefore passed with difficulty. Two stools a day; in a few days *constipation. This symptom occasions the following footnote by Hahnemann: "A more frequent primary effect of Bryonia is retention of stool; its alternate effect, looseness of the bowels, is rarer; when the other symptoms correspond, Bryonia is therefore able to cure constipation, which few remedies, besides Nux vomica and Opium, can do." *Secondary Symptoms*: *Diarrhœa, alternating with °constipation. Diarrhœa at

night. Diarrhœa four days in succession, one evacuation every three hours, and so sudden that he was unable to retain it. Diarrhœa, smelling like rotten cheese. Hard stool, followed by diarrhœa, with fermentation in the abdomen.

Lycopodium.—*Stool not daily, sluggish and no desire. Stool every other day. No stool for the first two or three days; at the end of this period he has a copious natural evacuation of the bowels. *Secondary Symptoms*: Papescent stool once or twice a day, from the fifth day, for several weeks.

Nux vomica.—*Constipation, *with rush of blood to head. Constipation, as if from inactivity of the bowels. *Constipation, as if from contraction and constriction of bowels. °Constipation of infants, and after coffee. °Constipation of pregnant females. Again, the first part of stool is soft, the latter is hard. *Secondary Symptoms*: Involuntary thin stool, with emission of flatulence in the morning, followed by hard feces.

Opium.—Constipation for ten days, terminating in death. Constipation for several months. *Costiveness. *Costiveness for six or eight weeks, with loss of appetite, nothing but small hard black balls being passed. *Secondary Symptoms*: Papescent stools; watery diarrhœa whenever a female uses Opium for her toothache; liquid, frothy stools.

Plumbum.—Disposition to constipation increasing constantly, and finally resisting every remedy. Alternation of constipation and diarrhœa. *Secondary Symptoms*: Dysentery.

To these six remedies, of which some symptoms have been given, might also be added *Calcarea carbonica* (particularly for children), *Cocculus*, *Phosphorus*, *Sepia*, *Silicea* and *Sulphur*. But although very useful in many cases of constipation, they cannot be named as polychrest remedies for this class of cases.

Before leaving this subject, it is proper to state that all these remedies, although useful in constipation (because the provings reveal that constipation usually ensues upon the administration of these drugs to the healthy as primary symptoms), are also useful in diarrhœa and dysentery, because these symptoms follow after those first given. And again, all these remedies have running through their provings an alternation of diarrhœa and constipation, some in a very marked degree.

Again, the idiosyncrasies of our patients as well as the idiosyncrasies of the provers call for a qualifying statement here. For instance, in *Nux vomica*, constipation from abuse

of coffee, or simply from drinking coffee, is a characteristic of the drug, and yet the writer has frequently seen people upon whom a single cup of coffee would act more readily than physic.

From the above we can lay down this rule, that those remedies which produce constipation as primary symptoms in the healthy, will cure constipation, if the other symptoms of the case correspond with the other symptoms of the drug; and that those remedies which produce diarrhœa, or looseness of the bowels, as primary symptoms in the healthy, will cure that condition of affairs in a given case if the other symptoms, the totality, correspond to the totality of symptoms produced by the drug. On account of the reason given above, viz., the idiosyncrasies of patients, there are many exceptions to this rule, and in the nature of things there always will be exceptions to this and all other rules laid down for the administration of our remedies.

Let us remember, then, once and forever, that while primary and secondary symptoms of drugs may serve us as guides in the selection of remedies in many cases, we must never lose sight of the fact that "the totality of the symptoms" must also be considered, must also be covered, if we would do our whole duty to our patients.

In *Impotency*, those remedies whose primary symptoms correspond to this condition are our most valuable remedies as curative agents. For instance,

Agnus castus has diminished sexual instinct. The penis is so relaxed that not even voluptuous fancies excite it; diminution and slowness of the sexual powers, which are usually very easily and powerfully excited; the penis is small and flaccid (in a very healthy man). To prevent getting children a man took for three months, morning and evening, twelve grains of the *Agnus castus*, by which the parts were weakened to such an extent that not only did the erections become deficient, but he lost his semen as he intended, and never begat children. An exceptional symptom is "unusually violent erections, without cause and without any amorous thoughts; the erection was accompanied with a kind of amorous rage, without any desire for emission; he gnashed his teeth from an excess of voluptuous sensation for half an hour in the morning when rising."

Conium.—The sexual desire is entirely wanting during the first day, in spite of the most exciting allurements. °Insuffi-

cient erection during an embrace. °Feeble erection. °Languor after an embrace. Excessive sexual desire a secondary symptom.

Lycopodium.—*Diminution of the sexual instinct for ten days. Scanty erections (the first days). Aversion to an embrace. *The penis is small, cold, and remains relaxed. °Feeble erections, or *entire absence of erections; even during an embrace the scrotum is relaxed, and the emission is very slow. He falls asleep during an embrace, without emission of semen; an embrace is succeeded by weakness the whole next day. These symptoms are all primary, and yet "extinction of the sexual desire," is given as a secondary effect. "°Excessive sexual desire. °The sexual desire is too easily excited, irresistible every night. °Increased fecundity"—are all given as secondary symptoms.

Caladium.—The sexual organs are bloated, relaxed, and sweaty; painful erection without sexual desire, alternating with sexual desire, with relaxed penis; during an embrace, the ejaculation of the semen and the orgasm are very slow to set in, the penis is less erect than usual. Impotence; the penis remains relaxed, even when excited; imperfect erection and premature ejaculation of the semen; *feeling of coldness and cold sweat of the sexual organs. This drug, like the one following (*Selenium*), seems to have a primary action only on the genital organs, as the longer the drug is taken the more relaxed they become.

Selenium.—No erection in the evening, notwithstanding he was excited; erection in the morning, without sexual desire; diminution of the sexual desire. Impotence, with sexual desire; weak and ill-humored after an embrace. This remedy seems to have primary symptoms only.

The following clinical case, illustrating the use of *Lycopodium* in one of this class of cases, may not be inappropriate here:

Van R. L., an old Knickerbocker, æt. 64, whose wife had been sick and miserable for two years before she died (in March, 1870), and in consequence could not enjoy nor permit any connubial intercourse, had been without enjoyment of this kind for nearly three years. In October, 1870, he complained to me of being as amorous as ever, but could not have an erection; the penis was small, at times cold, and scrotum relaxed. Being desirous of marrying again, and not wishing to be old in deed as well as in years, he applied for

assistance. After a careful study of the case, *Lycopodium*, 200, one powder a day, was given him. In two weeks he reported that the penis was warmer, scrotum tighter, with at times partial erections. The same remedy was continued, and in four weeks he reported himself as all right, and was very grateful. Three years after, having in the meantime married and buried his second wife, he wrote to me for "some more of that medicine which made him all right before." *Lycopodium*, 43^m, a powder each day, in one month, restored his sexual organs to the same condition as the 200th potency had done three years previously.

In increased sexual desire another class of remedies come into play, but the same condition prevails, viz., those remedies whose primary symptoms correspond to this excitation of the genital organs, are curative of this at times very distressing condition.

Cantharis, in its primary symptoms, has increased sexual desire; unbounded, frantic sexual desire; frightful satyriasis; violent priapism, with excruciating pains; copulating forty and even eighty times in one night. Frequent erections, continuously, particularly at night. As secondary symptoms we name: feeling of weakness in the sexual organs; sweat of the genital organs.

Lachesis and *Platina* both have excessive sexual desire in both male and female provers, amounting in the latter at times to nymphomania. This is always a primary symptom of both drugs.

Phosphorus, although used extensively in the old school practice in impotency, really has its primary action in an increased sexual desire. *Irresistible desire for an embrace; powerful erections in an old man for the first seven days, then none at all for twenty-two days; then again very violent from the 29th to the 43d day. Lippe, in his lectures before the class in 1866, said *Phosphorus* was good where the sexual desire was weak, but not gone; in such cases it would recuperate it. But still the main use of *Phosphorus* is more to control the sexual passion than to strengthen it.

Before closing this paper I would say that frequently in practice we administer a remedy for a certain set of symptoms, and in a few hours or days another condition manifests itself which is sometimes almost worse than the condition prescribed for, and resulting from the operation of the medicine. As instances I would name the *strangury* after giving

Apis for two or three days, the constipation which follows the administration of *Cannabis sativa*, and which is very persistent, and the suppression of urine that supervenes upon the administration of *Zincum metallicum*, especially in spasmodic or spinal diseases. I have frequently seen these effects, and always after giving the high potencies.

The following cases will illustrate this action of *Zincum*:

CASE 1 was a young mulatto girl, æt. 18, finely formed, and in good health until a few months ago, when she hurt her leg, and had a running sore. After using all sort of domestic remedies, she called in an allopathic physician, who soon dried the sore up, but did not help the girl in any other way. The next time she was unwell she had convulsions, which lasted several hours, and resisted all manner of treatment. At last this same physician administered chloroform when she was taken with the spasms, and for six months she was treated in this way, remaining at times for twelve hours, and at one time for twenty-seven hours, in an unconscious condition.

In February, 1874, I was called to see her, and on my second visit I gave her *Zincum met.*, 200th, in water, every two hours, for two days. It stopped her spasms at once, but it also stopped her urine, and for five days she passed no urine. At the end of that time I introduced the catheter and drew off about one pint of water, and brought on a light spasm while introducing the catheter. For two weeks I had to withdraw the water once in twenty-four, forty-eight, or seventy-two hours, according to the urgency of the case, frequently not getting a pint of urine in seventy-two hours. With this exception the girl seemed perfectly well, and had no return of her spasms. In about three weeks this suppression of urine disappeared, and the girl had no return of her spasms for over six months. I then administered *Zincum* again, and in three days the suppression of urine was complete, requiring the use of the catheter. This time the suppression disappeared in one week. So that although the *Zincum* removed the spasmodic condition and restored the girl to health, it produced the distressing secondary effect of suppression of urine in both instances.

CASE 2.—A young lady, æt. 21, small, slender, and a brunette, from injuries received three years ago, had a very weak and tender spine. Touching her on the spine would give her pain, and a child slapping her in fun on the back threw her into a tonic spasm which lasted several hours. *Zincum* 200th, in four months (a powder once in two weeks)

entirely cured the weakness of her back, but almost invariably produced suppression of urine for two or three days after taking the powder of *Zinc.*, but not in such a degree as to necessitate the introduction of the catheter.

NOTE.—The symptoms given in this paper are all taken from the *Symptomen Codex*, except some of those given in discussing diarrhœa. Many of these symptoms are taken from Bell's work on diarrhœa, etc., to which the writer is under many obligation for useful hints in this paper and in practice. The asterisk (*) when prefixed to a symptom shows it to have been verified, that it has been observed by provers, and has been cured in the sick. The cipher (°) marks symptoms that are empirical mainly,—that is, we have not as yet observed them in provings on the healthy.

HAHNEMANN AND SCHUESSLER.

BY ADOLPH LIPPE, M.D.

IN the *Hahnemannian Monthly* for February, under the report of the proceedings of the Philadelphia Homœopathic Medical Society, page 333, we find that one of the debaters is reported to have said: "*Regarding the tissue remedies, it may be affirmed that though the idea has been much abused—and what good thing has not?—still Hahnemann gave it to us, all praise to him for his farsightedness, his depth of penetration, which discerned in the future such progress that his then advanced views must at some time be generally accepted, that while opinions necessarily differ, facts still remain the same. Who gave us Calc. c. and Silicea for bone affections, Phosphor. in diseases of nerve-tissues, and many other similar remedies, but Hahnemann?*" To be sure the debater endeavored afterwards to cover this hideous picture with a homœopathic domino, and spoke of "*the province of the thinking mind and reasoning man to seek farther and higher for truth, which will enable him to select with greater certainty between closely allied remedies.*"

Now may we be permitted to present the debater's reported remarks "*analytically?*" He admits that the idea, viz., the idea of *tissue remedies* is really a good thing, but has been a little bit abused by Schuessler. In the paper which was debated and published in the February number of the journal, it was shown that Schuessler, while trying to illustrate his

wisdom and the feat of putting the physiological livery on the homœopathic school, had in reality exposed his "lunacy;" and now we are told, "*still Hahnemann gave it to us.*" What *it*? Why the good thing, the tissue remedies; and, says the debater, who gave us our Calc. c. and Silicea for bone affections, Phos. in disease of nerve-tissues, and many other similar remedies, but Hahnemann?

When Hahnemann had proved Calc. c. and Sil. on the healthy and found the peculiar changes these drugs produced on the human organism, he applied them for the cure of the sick, guided by no speculation that they were bone remedies because constituents of the bones (Schuessler-like), but he found his provings, the law of applying his newly acquired knowledge for the cure of the sick, correct, corroborated by the clinical experiment, and *finally*, as a sequence of all this, he found them to be acting very beneficially on the development of bone-tissue (Calc. c.) and on diseased conditions of the bones (caries, Sil.)

Schuessler *a priori* gives it as his opinion that the chemical constituents of tissues, when by a diseased condition these tissues are changed or altered, will cure the diseased condition, changes and alterations. The fact is that all that Schuessler has taken from Hahnemann's observations is, that even insoluble substances were imbued by a hitherto unknown world of power if they were triturated with milk sugar. Schuessler in his therapeutic remarks says: "*As in all inflammatory cases, no matter which organ is the seat of it, Ferr. phosph. should be given in the first stage, Kali mur. in the second, the medication will be right, even if the diagnosis is wrong. This will be welcomed even by unskilled diagnosticians.*"

How much homœopathy (which teaches that each case is a case *per se* and must be individualized) is there in this Schuesslerism? And what an amount of absurdities besides! Diagnosticate, if you please, "inflammation," and if even your diagnosis be wrong the treatment is "right!" And now we are told in so many words: All praise to Hahnemann, his farsightedness, his depth of penetration discerning in the future such progress. What progress is it to reduce our Materia Medica to twelve remedies? What progress to set aside all individualizing and go back to generalization, to treat "*inflammations.*" Here are "facts," and there may be a diversity of opinion regarding them, to be sure. Men who are fond of a multiplicity of opinions may see in Schuessler's

lunacy an immense amount of high truths, only discernible to "the thinking mind of reasoning man." But it is our "*opinion*" that Schuessler is a poor guide. Diagnosis with him is at one time unnecessary, while at another time, as we have shown by his own writings, he diagnosticates that a number of tissue-cells of the brain had lost their *Natr. mur.*, and had thereby lost their ability to retain their watery contents, etc. What a heap of wisdom and science! If the great Doctor had not found that out, he would not have promptly cured the overdosed boy. One thing we feel inclined to praise him for, viz., that he honestly exposed his lunacy; and while he does so, he is sure to find good faithful friends in possession of that thinking mind of reasoning man, who never listen to "arguments," but who stubbornly stick to their own infallible opinions, right or wrong. It is further our *opinion* that Schuessler is not a homœopathician.

A REPLY FROM DR. KORNDORFER.

DEAR EDITOR: By your favor of to-day I am in receipt of a communication, signed by Dr. A. Lippe, to which a brief answer must suffice.

It appears to be the intention of the Doctor to make a persistent effort not to understand the position held in reference to pathology by the homœopathic school in general, and by those he is exerting himself so fruitlessly to throw ridicule upon in particular. This want of penetrability seems still more inexcusable, when we take into consideration the fact, that every effort has at all times been made to give sufficient explanation for every ordinary mind to comprehend, the true position held by the advocates of exploration in pathology, and the applying of knowledge so gained to the advancement of homœopathy.

In the last edition of Schuessler we find the following notice: "Owing to wilful misrepresentations of the object of this publication, it becomes our duty to say that the intention was to bring before the profession the remedies herein contained in such form that some use might be made of them, if occasion offered, without the delay consequent on thorough proving. At the same time it was hoped that it would stimulate some to make efforts at proving these most valuable remedies.

"Not with any desire to sanction in an unqualified manner such use of drugs not proved, nor yet indorse the substance

presented, we supposed all homœopathicians would understand this, else we should, for the benefit of the few, have expressed this fact more explicitly in the former editions.—Signed, C. Hg.”

This, one would suppose, should be enough; but, having set out to oppose, cause for opposition is sought, yea fabricated, where none exists. But one assignable reason seems possible for such continuous uncalled-for belligerency, viz., *notoriety*.

The isolated germs of truth given by Dr. L. are adhered to by us all, while the true Hahnemannian doctrine is even more consistently followed by many than by Dr. L. himself.

This truth is given us in a much clearer and more attractive form by Hahnemann in his *Organon*—a truth which Dr. L. first learned from the so-called sponsor of Schuessler—a truth persistently advocated and clearly expounded during the past half century by Dr. Hering. Then why this great cry of words?

We have all studied the truths of Hahnemann’s writings; they are in the main adopted and adhered to by us all. Refusal to see this does not remove the fact. It may truly be said, none are so blind as they who refuse to see; none so lacking as they who refuse to understand.

Knowing the truth, we have fearlessly advocated it. Seeing some good even under the crudities of Schuessler’s work, we have cautiously advocated its dissemination—calling on the world to prove and investigate. The theories have not been indorsed, they remain open for investigation. To condemn without investigation is but to use the weapon of ignorance, not of progress, and to be clad and armed with that livery and armor presents even a more sorry picture than the more gaudy livery of the pathological school.

While Dr. L. may be thoroughly conscientious, his paper does not show any marked, nay, even unusual wisdom. Crying down one, ridiculing another, calling still another a lunatic, requires no great degree of acumen, and is not the language of a scientist imbued with the desire to elevate his fellows, that mankind might reap benefit therefrom.

What *we* are seeking is greater success in the treatment of disease, and that, too, in accordance with the law first expounded and applied by Hahnemann, and since so purely upheld and earnestly worked for by many great lights, both past and present.

As the pages of our journals are too valuable thus to be wasted by needless polemical writings, let me suggest that our county Society is a fitting place for such discussion; there all may exchange views, impart or receive knowledge. Feeling this to be the case, I would close such belligerency with this letter, hoping to give at the coming county Society meeting more extended views on Individualization as related to Pathology.

AUG. KORNDÖRFER.

"THE BEDBUG."

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

IN the article on the "bedbug," in the February number of your journal, Dr. Dake very properly raises the question: What substances are to be admitted into our *Materia Medica*? Some general principle must, of course, be adhered to. The Doctor, however, does not lay down any law whatever, but contents himself with abusing the undoubtedly nasty bedbug.

We teach that any substance, either animal, vegetable, or mineral, known to possess noxious properties, may be used as a remedy, and it appears that some of the most repulsive and loathsome objects in nature furnish us with most potent remedies; indeed, it is doubtless true that we need more animal poisons than we now possess, in order to combat the various types of disease having a septic tendency. If the Doctor chooses to apply the test of his highly organized senses to the purification of the *Materia Medica*, we opine that he would sift out the skunk, potato-bug, Spanish fly, and various other disgusting substances, which have proved themselves most valuable additions to our armamentarium. Nastiness has nothing whatever to do with utility; nor can the officiality of any substance be determined from the testimony of the senses, except perhaps that the worst looking, smelling, and tasting things are apt to be the most useful. We fear that the Doctor's eagerness to purify and sift has led to a little wild sparring; so far as we can determine from his writings and speeches (the Doctor has given us no sample) he has no settled principle of sift; and we now propose to offer him the only possible principle, premising that one observer is to be believed as much as another, until proven incapable (or false, as in the case of Fickel).

This is the sifter to be used: Demonstrate that the symptoms

obtained by any prover cannot be verified on the sick, and his provings may be expunged, and it be shown either that he is suffering from some chronic trouble that prevents his getting genuine drug-effects, or that he is incapable of distinguishing such effects from the ordinary disturbances of the functions, or that he has committed a deliberate fraud. It is, doubtless, obvious to Dr. Dake, that we can no more sift out symptoms apparently trivial from the drug, than we can from the patient. Such symptoms, so to speak, are the hangers-on that frequently give us most important information concerning either the diagnosis or the selection of the remedy; besides, the symptom that may appear trivial to us in the light of our physiology may prove of great value to the next generation. There is, I am aware, a great deal of material in the *Encyclopedia* that as yet has not been shown to be valuable; but it may become so, and the *Encyclopedia* would not be what it is, did it not comprise such material. Dr. Dake chooses to stigmatize the work as an *omnium gatherum*; as its editor I am constrained to pronounce the appellation unjust and false. If Dr. Dake were at all acquainted with the literature of our drugs, he would have some appreciation of the immense amount of care that has been bestowed upon the preparation of the work, and not need to be told that a very large amount of material has been discarded. A criticism has yet to be passed upon the discarded material. It may be that under some circumstances the symptoms observed in patients after the administration of drugs should be regarded as pathogenetic, and be incorporated into the pure *Materia Medica*; as, for example, certain effects of Aconitine, given in large doses for neuralgia. The editor has also exercised care in accepting symptoms derived from persons in ill-health. Thus Prof. Heppé's proving of Chamomilla has been omitted, and one of Lœffler's provers of Iron with analyses of his blood will not be allowed. It may be that some material has been admitted which should have been left out. On these latter points there is certainly a wide field for careful criticism.

It would be a relief to very many if the everlasting talk and bombast about sifting and purifying should cease, and some genuine useful work be done; and now that about one-third of the whole *Encyclopedia* is completed, Dr. Dake has the opportunity to *demonstrate* the soundness and utility of any scheme he may devise.

T. F. ALLEN.

A STUDY OF ARSENICUM ALBUM.

BY DR. A. CHARGÉ.

(Translated from the Bibliothèque Homœopathique (Jan. '76), by Edward H. Wells, M.D., Utica, N. Y.)

I. PATHOGENETIC EFFECTS.

Disposition, Intellectual and Moral Faculties.—Melancholy, scruples of conscience, the patient imagines that he has committed a crime, fear of solitude, distaste for life even to suicide. He despairs of ever recovering his health, anxiety, uneasiness, excessive distress of mind, especially after retiring at night. Fear of approaching death, with tears, chills, and weakness.

Head and Nervous System.—Frontal headache, with tearing in the brain, as if it were being broken in pieces. Oppression of the temples, as in a vice; sharp lancinating pains in the temples. Frequent and periodic attacks of general or semi-lateral headache. Congestion. Vertigo, with tendency to fall to the right, and obscuration of the sight. Great disposition to syncope. Intolerable itching of the scalp; the hair is sensitive and painful; falling out of the hair, especially in the front part of the head. Dry and burning heat; feeling of burning heat throughout the body.

Great faintness and marked weakness; extreme anxiety, with oppression, trembling and agitation of the entire body. Extraordinary distress, with unusual and almost convulsive movements. Ardent thirst, with nausea. Great sensibility to cold and especially wet air, with great irritability.

Face.—Chlorotic or deadly paleness. All the features express a great distress or despair. Swelling of the face, especially around the eyes. Increasing erysipelatous redness around the sides of the nose and forehead. Earthy-hued complexion. Patches of eczema; pustules which change into ulcers. The lips are pale, cyanosed, cracked, or thickened, and covered with scabs. Gangrene. Drawing of the face, returning periodically.

Eyes.—Burning in the eyes. Tumefaction and pains in the eyelids, dryness on the inner side of the lids. Lids spasmodically closed. Vivid redness and marked injection of the conjunctiva. Flowing of burning tears which excoriate the skin. Exudation of pus. Lids glued, especially in the morning. Stains and ulcers of the cornea. Photophobia, contracted pupils. The eyes are sunk in their orbits, ex-

pression dull or fixed. Icteric coloration of the sclerotic coat. Contortion of the eyes.

Ears.—Burning and humming in the ears; hardness of hearing, especially of the human voice.

Nose.—Red, swollen, burning internally and externally. Violent hæmorrhage. Chronic redness of the pituitary membrane. Ulceration, acrid and fetid discharge. Violent sneezing; sensation of dryness in the nose, with aqueous discharge, which excoriates the edge of the nares.

Respiratory Organs.—Sensation of heat in the chest, oppression, great difficulty in breathing, in all stages of respiration.

Spirandi difficultas (Sennart), periodic, nocturnal attacks of suffocation, having generally the character of a neurosis of the respiratory apparatus, preceded and accompanied with cough.

The cough is dry and violent, especially occurring in the evening after going to bed, with great desire to rise. Cough excited by drink or by cold air, and accompanied with much oppression and great feebleness. Spasmodic cough, resembling whooping-cough, and accompanied by painful oppression; very little expectoration during the coughing spell. Dry, hissing cough, especially at midnight, with difficult expectoration; the cough continues until the mucus is removed. Tickling in the trachea or bronchial tubes, with the least change of weather. Burning and dryness in the larynx; voice, rough, unequal, often tremulous.

Circulatory Organs.—Palpitations throughout the night, when lying on the back, with intolerable anxiety and dyspnœa. Palpitations, with a sensation as if about to be smothered, aggravated by movement. Irregularity in the beats of the heart. Loss of synchronism of the pulse, and of the heart-beats. Pulse feeble, very frequent, small, accelerated, easily stopped, and sometimes scarcely appreciable.

Digestive Organs.—Dryness of the mouth and pharynx, rarely ptyalism; aphthæ, ulcerations on the gums; bleeding of gums; fetid breath; dental neuralgia; tongue red, dry, brown or black, cracked, tremulous. Burning dryness in throat; constriction of the pharynx. Inflammation, ulceration, gangrene in the throat, tonsils, and the face within the cheeks.

Excessive pain in the epigastric region, with soreness to the touch; heat and burning in the stomach; nausea and vomiting; vomiting follows eating or drinking. Loss of appetite,

but ardent thirst, with disposition to drink constantly, and a little at a time.

Colic and diarrhœa, with frequent fetid stools, especially in the middle of the night and early in the morning. Stools of all colors, aqueous, viscous, containing undigested food. Before the stool, cutting, burning pains, and after the stool tenesmus and burning of the anus. Itching of the anus.

Congestion of the liver, with constipation and epigastric pains. Swelling of the liver, swelling of the spleen, induration of the mesenteric glands; the abdomen is enlarged by an immense quantity of gas.

Urinary Organs.—Pain on pressure in the region of the loins, also darting pains in the same region; burning in the bladder, the patient is obliged to urinate frequently; burning in the urethra at the commencement of the emission of urine. Urine thin, burning, red, mixed with blood, yellowish, with a clayey deposit; urine of a violet-black color, which takes on a bluish tint after remaining some time in the chamber. Retention of urine as if by paralysis of the bladder; abundant emission of urine; frequent and very copious excretion during the night. Involuntary emission of urine, principally at night.

Increased power of action in the urinary apparatus. The urine of *Ars.* treated with nitric acid and heat gives a precipitate of albumen, and on examination with the microscope the remains of epithelial cells, fibrinous cylinders, and often globules of pus and blood are shown.

In autopsy of victims of arsenical poisoning the lumbar region is seen tumefied and empty, the epigastric cells filled with fat and granulations.

Genital Organs.—In man, enlargement of the penis; very painful swelling of the scrotum. All these parts are cedematous, and reddish-blue in color, covered with vesicles and pustules; ulcerations, gangrene. In woman, idiopathic itching of the vagina and the anus, or eczematous and papulous eruption; excoriation of the labia; gangrene; acrid, excoriating leucorrhœa. Early profuse menstruation, lasting a long time.

Trunk and Extremities.—Burning pains, with or without paralytic weakness. On the trunk, violent drawing and burning pains in the back; scurfy eruption between the two shoulder blades. In the extremities, drawing pains, with uneasiness, which obliges one to keep moving; cramps; enlargements; ulcers on the ends of the fingers, with burning

pain; vesicles and ulceration on the sole of the foot and on the toes.

Paralytic weakness; paralysis, complete or incomplete, partial or general; one hand only perhaps affected; at other times the paralysis begins with the fingers and ends by invading that entire side of the body.

Fever.—Pulse rapid, feeble, weak, irregular, trembling, or suppressed. Coldness of the entire body, with cold and viscous sweat. Typhoid symptoms, which is not strange when we recall that in certain cases of arsenical poisoning, we have the characteristic lesions of abdominal typhus. Periodic symptoms equally characteristic of its pure action.

Skin.—Dry, cold, or bluish. Intolerable itching, which is not allayed by scratching, and which is accompanied by a burning sensation. All the forms of cutaneous irritation, from simple erythema to extreme destruction of tissue. Eruptions of all sorts and on all parts of the body, erythematous, erysipelatous, vesicular, papular, pustular, squamous, etc.; ulceration and rapid gangrene, either preceded by inflammation or not. Bluish stains; black, painful, burning swellings; ichorous suppurations, with fetid odor. Action on the nails and hair. The falling out of hair and nails has been verified in a certain number of cases of arsenical poisoning.

Sleep and Night Symptoms.—The patient lies with his knees drawn up, and his head and hands resting upon them. Restlessness, accompanied with anxiety, which will not allow him to sleep; fears, apprehensions which make him afraid to be left alone. Visions of dead persons, and robbers. Excessive distress while in bed, during the evening.

Characteristics.—Rapid decadence of the forces, prostration, fainting fits; emaciation; internal burning heat in the parts affected, or cutting, drawing pains, so intense as to almost drive the patient to despair or madness. Aggravation at night, after midnight; amelioration by warm applications, and by moving the body. Uneasiness, with anxiety; repugnance to solitude, fear that death will result from the oppression. Intermittent symptoms; symptoms of all kinds which return periodically. General or partial hydrops.

Mixture of excitement and weakness, or rather a strange succession of symptoms of depression and over-excitement; of cramps and paralysis; of melancholy and irritability; of anæsthesia and neuralgia.

In all the affections which attack the organism deeply and

tend to destroy it, where a great weakness and rapid emaciation is evident. Affable subjects, whose vital resistance is almost nothing, above all when the digestive functions have lost their activity.

The inflammation caused by Ars. has in general a tendency to ulceration, with an acrid and burning secretion; this peculiarity explains the curative effects of Arsenic in all ulcerations of the skin and mucous membranes. Ars. is of great importance in removing the effects of alcoholic excesses by insufficient alimentation; also the effects of a prolonged sojourn in humid, marshy localities, and the result of endemic maladies allowed to run too long by the abuse of Quinine.

II. CURATIVE EFFECTS.

Ephemeral Fever.—Vertigo, with faintness and weakness very marked, following violent labor.

Typhoid Fever.—Collapsus, eyes half opened, the balls turned upward; insensibility to light; black tongue; lips sooty. Sudamina, petechiæ; burning pain in the stomach and intestines; liquid diarrhœa, frequent and fetid evacuations, bloody and involuntary; burning heat, with ardent thirst, which only permits the patient to drink a little at a time.

Typhus.—Continual sleepiness, eyes fixed and expressionless; great change in the features; the forehead covered with cold sweat; the teeth and lips covered with a thick sooty covering; tongue dry, black, and cracked. Prostration; phenomena of the decomposition of the blood, petechiæ, pyemic deposits. Pulse very rapid and irregular. Hæmorrhages of many organs; involuntary and bloody stools; aggravation of all symptoms toward midnight.

Purpura Hemorrhagica.—The frequency of the petechial flow in arsenical poisoning is an element in the *homœopathicity* of the Arsenic in this serious affection.

Cholera.—Spasmodic and epidemic. Hollow eyes; the nose pinched; paleness and coldness of the face; coldness of the tongue; a violent burning in the stomach and intestines, worse after vomiting; urine suppressed; great oppression, with constriction of the chest; skin wrinkled, cold, bluish, viscous; clonic and tonic cramps in different parts of the body—are distinctive characteristics for the choice of Ars., and the best proof of its appropriateness is the prompt reappearance of the secretion of urine.

Intermittent fevers, of various forms, and among the most serious and insidious. *Incompletely intermittent*: the apyrexia is unequal; the intervals lose their integrity and rhythm. *Violent tremblings*, which increase if the patient drinks; *dry heat and burning*, followed by little sweat, and that cold and viscous. Distress, vomiting, cerebral symptoms. Absence of thirst during the chills and during the heat. After the attack, oppressive pains in the frontal region.

During the apyrexia the face is pale and bloated, the complexion yellow and earthy. Prostration; the stools are like diarrhoea, and fetid; urine passed with difficulty in small quantity. Edema of the feet or general infiltration. Scorbutic stains disseminated over the entire body. Sleeplessness generally the night preceding the attack.

Atrophy of children in its last degree. Extreme emaciation; eyes hollow; earthy face; dry skin, wrinkled, and dirty gray; loss of appetite, but great thirst, especially for cold water. Abdomen enlarged; diarrhoeic stools, abundant and frequent, watery and involuntary; weeping and complaining during the day. Cerebral excitement.

Epilepsy, of a periodic character, without material lesion; the attack is preceded by a burning sensation which runs from the dorsal vertebræ to the head, back of the ears, and even to the brain; unusual and convulsive movements. After the attack, the patient is for some instants often longer stunned; in the interval of the attacks, oppressive pain in occiput; burning pain in stomach and intestinal canal. Irregular stools, very often diarrhoeic, with burning of the anus. Frequent cramps in the calves of the legs.

Paralysis.—When great prostration and feelings of melancholy are combined, paralysis, complete or incomplete, partial or general, with neuralgic pains. Saturnine paralysis; rheumatic paralysis.

Rheumatism, muscular and articular, acute and chronic: Dry, burning heat; ardent thirst. The patient cannot remain quiet in bed, on account of the drawing and tearing pains in the parts affected; he is obliged to move the suffering member constantly; the heat is unendurable. Aggravation of the pains during the night; amelioration by warm applications. Anxiety, constant uneasiness greater at night.

Gout.—Similar symptoms, and more pronounced articular enlargements, with darting pains from time to time. Another distinctive characteristic: we observe on the affected articula-

tion, or in its vicinity, dermal spots, round and red, which give rise to a severe burning pain.

Articular Arthritis.—This dangerous affection with its double character of being primitively chronic or secondarily chronic, and of following a course essentially progressive and general, finds in Ars. a powerful and valuable modifier; the pathogenesis of the drug gives us an explanation of it (vide Hahnemann's *Materia Medica*); but besides we have empirical proof of its efficacy. Dr. Beau said, a dozen years ago in his lectures at La Charité at Paris: Under the influence of Arsenious acid, given internally, the pains yield immediately, and the disappearance of the enlargements follows.

Anasarca.—Partial or general, with or without lesion, or albuminuria following repercussion of an acute exanthema, and even under the influence of other causes, for the serous infiltrations are one of the most constant effects of Arsenic on the healthy body. If there is diarrhœa, fever, nocturnal agitation, the indication of Arsenic is even more distinct.

Scurvy.—Spongy gums, bleeding easily and at times abundantly; fetid breath; ulcers in the mouth; ardent thirst, which obliges the patient to drink often, but a little at a time; intense burning pain in the stomach; copious diarrhœa; excessive weakness; stiffness and immobility of the knees and of the feet, with violent drawing pains; agitation and despair.

Scrofula.—Fetid ichorous suppurations; otorrhœa, with fetid ichorous discharge; prostration of power. *Tabes mesenterica*, with a preference for Sulph. and Calc. carb., in case of excessive weakness, with very frequent diarrhœa, followed by burning in the anus. *Coxalgia* in its third period, when the powers of the patient are reduced by the duration of the suppuration and by the liquid diarrhœa. The stools are very frequent after midnight. Ardent thirst.

Syphilis.—Secondary and tertiary symptoms: Eruptions on different parts of the body; ulcers on the skin and mucous membranes; buboes, with separation of parts and indications of gangrene; pains in the bones; caries of the nasal bone, with fetid discharge; periostitis; arthritis, with osteoscopic pains and the signs of long-continued cachexy; amelioration by heat; aggravation during the night (Ars. iod.).

Erysipelas, gangrenous; burning pain.

Anthrax.—For a number of years my cases have all been anthracine. But faithful to the individualization, which I do not lose sight of for an instant, I reserve Ars. for the

case where the burning is predominant, where the tumor takes on a blackish tint, the skin opens like a sieve, great prostration, diarrhœa and night-sweats.

Measles.—Adynamic symptoms: great prostration of power; face pale, earthy, puffed; pulse frequent, sharp, and small; burning heat; great anxiety; agitation and palpitation of the heart; aphthæ in the mouth and pharynx; sudden disappearance of the eruption; thirst; vomiting, and diarrhœa; aggravation towards midnight.

Scarlatina.—Typhus dyscrasia. The eruption grows pale suddenly, becomes livid, and gives place to petechiæ; troublesome pain in the throat, with indications of gangrene; the urine becomes thin, brown, with epithelial sediment or bloody corpuscles, with dyspnœa; hydropic enlargements; extreme agitation and anxiety; prostration; burning heat internally and cold externally; cold sweat; pulse sharp, weak. Sensation with pericarditis. Consecutive nephritis.

Variola.—The eruption comes with difficulty, the pustules sink down, and the areolæ take a livid tint. Great prostration of power; burning heat; pulse rapid and weak; intense thirst; agitation; black pustules; purulent suppuration.

Miliary fever, with livid spots.

Nettlerash.—Burning in the skin often after undigested food.

Anæmia, with constant headache and dyspepsia.

Hysteria.—Agitation so great at night that she cannot remain in bed, the horizontal position is insupportable. Palpitations; burning in the stomach; frequently obliged to urinate, and urine thin.

Religious melancholy of all mental maladies is the most homœopathically treated by Arsenic, on account of the scruples to which it gives rise in the healthy state. Clinical experience has noted some cases, but it is to be remembered that mental affection has followed the disappearance of an eruption. The pathogenetic action of Ars. on the skin was here brought into play, and under its influence the suppressed eruption has reappeared.

Hydrophobia.—Dryness; heat; strangulation in the throat, accompanied from time to time by suffocation and convulsive movements at the sight of water. In pluribus hominibus arsenico venenatis symptomata hydrophobiæ similia oriebantur (Wendland). (In arsenical poisoning symptoms similar to hydrophobia arise.)

Snake stings and bites of venomous animals. Energetical antiseptic. Part very much swollen, with burning heat throughout the body; eyes red, projecting, and painful; dryness of the mouth; thirst, but aversion to drinks; pulse weak and very rapid; face pale, without expression. Such are the symptoms which *Ars.* can dissipate.

Hyperæmia of the brain, following the abuse of alcoholic beverages. Some physicians of the old school have boasted of it as a prophylactic in cases of cerebral apoplectic congestion.

Delirium.—*Convulsions*, following great loss of blood. Convulsions of children when they are preceded by burning heat of the entire body. The lips are dry and cracked, and the child rests the tongue upon them constantly; ardent thirst, but the child drinks little at a time; he is impatient in all his movements; agitation; anxiety of expression.

Cerebro-spinal meningitis, when the patient presents one of the following conditions: Great agitation; thirst to drink a little at a time; prostration, with cold sweat; intermittent type; complete loss of power; involuntary evacuations.

Cephalalgia.—Violent periodic, with pulsating pains. Pain in the scalp, with complaints, groanings, and nausea; cold water relieves momentarily, but this amelioration is always followed by aggravation.

Megrim.—Painful attacks, with an ice-cold sensation on the scalp, followed by itching. During the attack the patient is very much agitated; he moves the head and extremities constantly, and with this agitation he has an extreme prostration; he imagines that he is about to die, refuses to eat because he sees in it an aggravation of his sufferings, and instinctively covers his head, even in a warm room, because he knows very well that heat relieves him.

Facial and temporal neuralgia, with periodic attacks, right side; face pale and features altered; puffiness of the face, especially around the eyes; burning pain, as if a red-hot iron were penetrating the parts; great agitation and prostration. Amelioration by warm applications.

Aene, punctata and rosacea. Eruption around the mouth, with burning and purulent discharge.

Cancer, epithelial, of the face and lip. Cancerous and canceroid ulcers of the face, lips, and cheeks; burning sensation; thickening and ulceration of the lips; cancer of the lips in inveterate smokers; lupus and tubercles from slight injuries.

Catarrhal ophthalmia, with burning pain and enlargements of the lids. *Ophthalmia of infants* if the pains are violent and burning, with a serous discharge. *Serofulous ophthalmia*. Lids spasmodically closed; abundant and very acrid secretion, with burning.

Granular conjunctivitis, chronic form, very pronounced injection. Keratitis, with a burning sensation in the globe of the eye; burning vesicles; ophthalmia following measles, scarlatina, and small-pox; acrid excoriating discharge. Intermittent ophthalmia.

Choroidal Inflammation.—Scorbutic ophthalmia. Mackenzie says, in speaking of Arsenate of potash: "Under the influence of this drug I have had the satisfaction of seeing the varicose veins shrink, the bluish color diminish, the tumefaction of the sclerotic and choroid coats become less, the vision become clear, and the health of the patient improve." Ophthalmia, with hypopium.

Traumatic Ophthalmia.—Burning pains in the eyes.

Amaurosis, continued or intermittent, following the suppression of an eruption; the globes are constantly agitated from one side to the other.

Epistaxis following anger or vomiting. Great heat and agitation. As to the nasal hæmorrhage, of which Hale speaks in his *Materia Medica*, and which is really an effect of arsenical poisoning, clinical experience has verified it, except in those severe fevers where the disaggregation of the blood-corpuscles is an accomplished fact; this decomposition of the blood answering to the proper characteristics of Ars.

Coryza with sensation of dryness in the nose; violent sneezing and watery, stinging, burning, excoriating discharge; anxiety, lassitude, weakness, sleep disturbed; aggravation at night, amelioration by heat and motion. *Coryza* worse each morning. *Ozaena*.

Nasal Cancer.—Ulcers with raised edges, covered centrally with a thick crust, cornea of a grayish-yellow color. Itching, sharp, smarting and burning pains; discharge, serous and bloody.

Cough with arrest of respiration and difficult expectoration. Cough dry, violent, with burning and pain in the chest; constant cough at night, with nausea and vomiting. Quick respiration, with great anxiety and agitation.

Grippe.—When the cough is invariably worse at night, toward midnight, with little expectoration. Prostration of

power, which is not proportionate to the mildness of the disease; pains in the extremities, sleeplessness, anxiety; oppressive headache; epiphora; epistaxis; neuralgia, temporal, sub-orbital, dental.

Congestion of the lungs, especially among old people. Extreme dyspnœa; collapse; thirst; antecedent catarrhal state with watery, slimy, abundant expectoration.

Laryngitis.—Burning and constriction in the pharynx; this double sensation extends to the chest. Generally subjects with a feeble voice.

Croup.—Great uneasiness; the face is puffed and covered with a cold sweat; aggravation toward midnight. A nettle-rash eruption is an excellent indication for Ars.

Spasm of the Glottis.—At the moment when the distress and agitation are greatest. Arrest of respiration at short intervals, but free respiration in the interim; constriction of the chest.

Edema Glottidis.—Ars. is most valuable because the serous effusion is one of its most constant effects.

Laryngo-bronchitis.—Hard masses of mucus in the larynx and bronchial tubes. Cough dry, worse at night in bed, attacks of suffocation, lassitude, and weakness.

Bronchitis of severe form and psoric origin, with attacks of suffocation and difficult expectoration, constant tickling in the trachea and a sensation of constriction in the larynx as if from vapor of Sulphur; oppression.

Catarrh, of children and the aged. Chronic.

Suffocating Catarrh.—Indicating one or more lesions of the bronchial mucous membrane of the lungs, of the pleura, of the heart. The vascular system is in a state of extreme agitation; the heart and arteries beat violently; the dyspnœa is extreme; skin of the face cyanosed; stupor, prostration.

Asthma, essential and congestive, by pulmonary emphysema. Attacks toward evening or midnight which last to daybreak, with quickened respiration, painful oppression and burning in the pit of the stomach, forced to get out of bed. Dyspnœa extreme, with anxiety, agitation, fright, the attack ceases as soon as the patient expectorates. Attacks periodic and provoked by change of temperature.

Hæmoptysis.—Periodic, indicating a cardiac affection. After a great loss of blood, natural or artificial; after a suppression of the menses; but the symptoms common to all these hæmoptyses must be burning in the chest and stomach,

palpitations, agitation, great weakness, pulse small and rapid; burning heat throughout the body, aggravation in the night.

Pleurisy.—Chronic form; considerable effusion; extreme dyspnœa; great depression of power. Cardiac affection. We all know that Arsenic is almost indispensable where there is serous effusion, but we should also remember the greater affinity of Arsenic for the pleura in preference to all other serous membranes. Inflammation of the pleura and the consequent effusion have been verified more than once in cases of poisoning.

Hydrothorax.—Dyspnœa, which is increased by the slightest motion and by the horizontal position. Cough tight, great anxiety, palpitations of the heart; he drinks constantly, a little at a time. Urine thin; paleness of the face. (Edema of feet and hands.

Pulmonary Edema.—Cough dry, husky, expectoration thin; dryness obtains in the respiratory tubes. An accompanying hydrops should relieve all doubt about the choice of the drug.

Pneumonia.—The indications for Ars. consist more of general symptoms than of local thoracic symptoms. Great anxiety and agitation, with constant cough. Loss of power. Intense thirst, but drinking a little at a time. Burning and heat in the chest; suffocation; respiration always very rapid; face pale; extremities cold. Dyscrasic subjects or those with heart disease or enlarged veins.

Pulmonary Consumption.—Oftener the right side; flattening and loss of mobility under the clavicle. Pain at the apex of the right lung. Dyspnœa on motion. Cough, particularly between midnight and morning; muco-purulent or greenish and abundant expectoration. Rattling (sonorous) sounds on inspiration, limited to the throat, larynx, and trachea. Rattling (dry) and prolonged expiration in the rest of the chest. Prostration extreme; liquid diarrhœa; thirst very active for cold drinks; intermittent chills. Hectic fever, with fretfulness every evening; night-sweats after midnight. Aphthæ in the mouth. It is especially in its combinations with Sulphur, Lime, and Iodine, that Arsenic shows itself powerful in consumption.

Heart.—Hypertrophy; dilatation of the right ventricle; dilatations and valvular lesions; endocarditis; suffocation, especially at night. Vertigo. (Edema of the extremities; urine thin, without albumen.

Palpitations.—Nervous, aggravated by movement, after the retrocession of a cutaneous affection, or after the suppression of a habitual perspiration of the feet.

Pericarditis, subacute or chronic, with effusion, great distress and uneasiness, worse at night, palpitations very violent. Suffocation at night. Face colored, which is an exception for *Ars*. Sensation of paralysis in the upper extremities; trembling in the fingers; cold sweat; pulse small, scarcely appreciable; prostration.

Angina Pectoris.—Sharp pains in the region of the heart, which run up to the neck, to the occiput, along the left arm to the ends of the fingers, and down to the lumbar and femoral regions.

Palpitations.—Tendency to syncope, paleness of the face, the slightest motion causes extreme distress; great thirst. Aggravation after midnight.

Stomatitis, gangrenous.

Aphthæ, burning.

Odontalgia.—Amelioration from holding warm water in the mouth, or by the application externally of a warm body.

Pharyngitis.—Painful persistent burning, even after the apparent disappearance of the inflammation.

Dysphagia.—Spasmodic contraction of the œsophagus; burning during swallowing, thirst, distress, uneasiness; the pharynx is also constricted.

Diphtheria.—Burning, which extends from throat to stomach.

Gastralgia.—Burning and very violent pain, which ascends from the epigastrium into the chest and back. No appetite; anxiety about the food. Vomiting of the food immediately after eating. Distress, uneasiness; amelioration by warm applications and by motion, aggravation toward the middle of the night.

Acute Gastritis.—Following the abuse of alcoholic beverages, cold drinks, vinegar or tobacco. Great thirst, but drinking a little at a time. Burning in the stomach followed by vomiting. Red tongue. The nausea and vomiting are produced by motion of the body forward; anxious agitation, with rapid decline of the powers.

Dyspepsia.—Lack of appetite. Burning and soreness of the stomach. Vomiting after having drunk or eaten, however little it may be. Aggravation in the evening and at

night. Rapid emaciation. Diarrhœa, although constipation is not an adverse indication.

Chronic Vomiting.—Repeated habitually every morning with subjects saturated with alcohol; great distress accompanies the vomiting.

Hamatemesis with burning in the stomach; ardent thirst, deadly pallor, features changed, pulse *thready*, sharp, trembling; great weakness; coldness of the whole surface of the body; frontal perspiration.

Simple Ulcer of the Stomach.—Burning pain; aggravation of the sufferings after having drunk or eaten. Thirst; mucous, bilious, or brownish matter disgorged in vomiting. Vomiting difficult, with noticeable emaciation.

Cancer of the Stomach.—Sharp, stinging burning, as from a sharp instrument. Very painful eructations. Vomit black, like coffee. Vomiting is followed by an amelioration of the pains. Amelioration by warm applications. Emaciation, prostration, and agitation.

Intestinal Colic.—Excessive burning pains through the night, or immediately after eating or drinking, with great anxiety. Thirst, diarrhœa, or constipation. Lead colic. Colic after taking iced drinks or ice cream.

Flatulence, involuntary, of fetid flatus, escaping often at table in spite of all efforts to retain it.

Enteritis, acute and chronic. Burning in the abdomen, aggravation toward midnight, intense thirst. Agitation, weeping and moaning.

Cholera Infantum.—Eyes hollow, countenance dull, coldness of the skin, viscous sweat, pulse trembling and intermittent; violent vomiting; thirst intense; burning pains; stools aqueous, slimy, undigested, brown, very frequent at night after midnight.

Diarrhœa, with or without pain, worse toward midnight; intense thirst, sudden prostration. Diarrhœa of deep color, of a fetid odor, coming on at night or immediately after eating, with intense thirst, vomiting, anxiety, excoriation of the anus, and great weakening. Choleric serous *diarrhœa*, with weakness and subsequent emaciation. Diarrhœa of pregnant women, with rapid, weak pulse, great prostration, uneasiness, stools aqueous, undigested, followed by tenesmus and burning of the anus. Burning thirst. Burning pain in the stomach and abdomen, with nausea, and vomiting. *Diarrhœa*,

coming on after severe burning on the surface of the body. *Diarrhoea* neglected during the first dentition.

Dysentery.—Burning, fetid stools, excoriating the anus, mixed with blood, very frequent toward midnight. Urine fetid. Intense thirst; the countenance shows distress, agitation.

Hemorrhoids.—Burning pains, particularly at night.

Eczema ani.—Chronic, accompanied by itching and burning.

Fistula of the Anus.—Its concomitant symptoms should be, extended enlargements of surrounding parts, and purple color, amelioration by external heat; great discouragement, chills in the back from above downwards.

Hepatitis.—Enlargement and very severe burning pain in the right hypochondria. Ardent thirst, burning heat of the skin, anxiety, and agitation. Aggravation after midnight. Hepatitis with icterus in subjects who have been a long time the prey of intermittent fevers, is particularly suited for *Ars*.

Peritonitis.—In its most advanced period, when there is prostration, coldness, viscous sweat, with anxiety and distress; thirst not removed by drinking a little at a time; continuous vomiting; burning in the abdomen; bloody stools; all symptoms aggravated toward the middle of the night.

Ascites.—Idiopathic or symptomatic of a cardiac or renal affection rather than hepatic, after acute peritonitis. *Ascites* which accompanies or follows intermittent fevers; pale, earthy, puffed face, great weakness, with a sensation of faintness at the slightest movement, dry tongue and intense thirst, drinking a little at a time, attacks of suffocation at night, great anxiety, burning heat internally, and coolness externally, form the combination of symptoms most favorable to *Ars*.

Nephritic Colic.—Drawing pains in the region of the kidneys and loins; vesical tenesmus; dysuria, strangury, burning in the urinary passages; painful micturition; retention of urine; urine thin, burning, red, thick with sediment.

Cystitis, acute or chronic. Burning pain, especially when beginning to urinate, urine thick, like thick milk; anxiety, vomiting, and cold sweat; face and extremities cold.

Hematuria.—Excretion not very abundant; symptoms of paralysis of the bladder; very painful micturition; burning in the bladder or some part of the urinary passages. In all cases where one is authorized to believe that there is a varicose state of the neck of the bladder.

Albuminuria.—The presence of albumen in the urine is so

constant a phenomenon in arsenical poisoning, that the homœopathicity of arsenic is here incontestable.

Bright's Disease.—Arsenic corresponds exactly to the characteristics of this severe affection, since administered to a healthy man, it is capable of giving to the urine, besides the albumen, epithelial cells, cylindrical clots of fibrin, and often globules of pus and of blood. This fact is learned by a great number of observations, and by experiments upon animals, the most prominent of which are due to a Munich physician.

It would be useless to seek further for motives, which are most conclusive, for according to Ars. the first place in the treatment of Bright's disease; to do otherwise would be an unpardonable fault.

The symptoms which come in, besides the conformity of the urine of the patient with the urine of Ars., to corroborate the choice of this drug, are: respiration, short and rapid; loss of appetite, and sleep; agitation each night, worse toward midnight; pulse feeble, small; palpitation at the least motion; urine bloody, and at times involuntary.

Bright's disease becomes every day more frequent; the reason of this is not difficult to discern.

The arsenical cure has inscribed itself everywhere lately, and in great characters in vulgar practice, by the title of *reconstituant* medication; the flag has saved the good: the arsenical cure has passed into our customs; it has become *à la mode*; it imposed itself upon us and in what way.

Not only does the physician to-day give Arsenic and its compounds of all sorts, but he is increasing the dose every day with a bold hardihood. They go up as if the treatises on Toxicology, which indeed are not over scrupulous, did not exist. Under the pretext of reconstituting they disorganize.

The custom itself should, from motives of modesty, impose some limit to itself; the time will come which will do justice to its caprices, and in waiting for the struggle against the encroachments into the limits of the possible let us remain faithful to good sense, and defend those verities, the principles which one cannot misconstrue without danger to human life.

All medicine administered to man necessarily has for its effect, precisely because it is medicine, that it produces disorders of sensibility, derangement of functions, or lesions of texture; without this it would not merit its name; now I demand in all simplicity, of those physicians who act in good faith and are capable of defending themselves against

a silly charlatanry, is it supposable even, that a medicine so powerful as Arsenic can traverse the human body without leaving traces of its passage?

One of its most formidable traces is the presence of albumen in the urine, as well as epithelial cells, cylindrical clots of fibrin, globules of pus and of blood; it is the most profound alteration, the most incurable degeneracy of the parenchyma of the kidneys.

Uremia.—In the superific form, when the brain is infiltrated. Uncertain course as in amblyopia (Kali, Ars.).

Diabetes.—Abundant emission of urine. Prostration.

Urinary Fistula.—At the Congress of 1851, Dr. Nunez, of Madrid, cited two cures of urinary fistula with shrinking of the ureter, following blennorrhagia, in which Ars. at a very high dilution had played an important part.

Abscess of the Breast.—The throbbing predominant over the pain, the patient is the prey to a great agitation. (Ars. iod.)

Cancer of the Breast.—For nearly three centuries the value of Arsenic in maladies of a cancerous character has been discussed. Its first use seems to go back to 1594, and we only know that some have praised and others repudiated it. The cause of our ignorance arises in a defect of individualization.

The general character of symptoms which justify the use of Ars. are, amelioration by warm applications, agitation with palpitation, which is occasioned by loss of power.

Amenorrhœa.—Paleness of the face; very prominent enlargement around the eyes; infiltration of the extremities; prostration of power; cachectic state; want of appetite; nausea after a meal; heaviness of the stomach as from a stone.

Dysmenorrhœa.—The pains are not confined to the hypogastrium; they extend to the rectum and anus; they are violent, even to exasperation and despair; amelioration by warm applications. Extreme agitation. The patient cries out if she is left alone.

Ovaritis.—Sharp, drawing pains from the ovarian region to the internal part of the thighs, which appear benumbed; that is the expression of the patient. Aggravation of the pains by motion. Pale, yellowish complexion, agitation. Fever. Thirst, drinking a little at a time.

Ovarian Hydrops.—A doubt may be raised concerning choice of Ars. if there is anasarca at the same time. Burning pain. Agitation, oppression. Loss of power with characteristic thirst.

Uterine Hydrops, accompanied with œdema and a stifling sensation, not being able to remain in bed.

Metritis.—Burning pain in the womb. Burning heat felt in the entire interior of the body. Skin dry, burning, parchment-like. Diarrhœa. Loss of power in women. Typhus dyscrasia. Indications of gangrene.

Leucorrhœa.—Acrid, corrosive.

Metrorrhagia.—So prolonged that the patient is reduced to the last extremity. Eyes hollow and dull. Extremities cold. The (French) Medical Academy in its sitting of November 9th, received a communication from M. de Mussy, concerning an observation taken in his practice. It is concerning a stubborn metrorrhagia, which in thirty-six hours had been overcome by the application of warm water to the lumbar region, and poultices at the desired temperature. The Academy will declare, doubtless, that in this case these were the decisive reasons for the relief. To save time homœopathy will respond for it: obstinate metrorrhagia, amelioration by warm applications.

Cancer of the Womb.—Intolerable burning pains, which are aggravated toward midnight. Burning, stinging, acrid, corrosive discharge. Emaciation and distress. (Ars. iod.)

Idiopathic Itching of Womb.—Prurient eczema, excoriations, and burning ulcerations.

Scirrhus of the Testicle.—Right side, painful enlargement of the testicle on the same side by metastasis. Gangrene of the scrotum.

Sciatica.—Burning pain. Left side, amelioration by pressure of the hand; the pain is accompanied with great agitation and is worse towards midnight.

Eczema of the Scalp.—Violent itching. Irritation, excoriations, pustules scattered near, growing together later, superficial, basially inflamed, filled with a purulent liquid; they soon break and their contents dries up with the hair in thick yellow crusts, under which is a thick liquid like honey, which runs out. Enlargement of the glands of the neck.

Alopecia Ptyriasis.—Lichen.

Impetigo Larvalis.—The eruption is characterized by pustules and vesicles, acrid discharge, itching, burning, aggravation during the night and in cold air, amelioration by the application of warmth.

Eruptions, more particularly dry, but humid also, furfurace-

ous, scaly, vesiculous, pustulous, papulous, accompanied with violent itching and great agitation. *Herpes, prurigo, eczema, pimples, rupia simplex, lepra.*

Ulcers of a psoric origin, on the legs especially, livid, depressed at their centre, and very prurient on the sides, which are hard, swollen; violent lancinating and burning pains, especially on the least fatigue. *Ulcers* with callous edges, with burning and lancinating pains. Fetid discharge; spongy skin. *Varicose ulcers.* Appearance livid and blackish; burning pains, preventing sleep; vesicles at their circumference. *Ulcers* creeping and gangrenous on all parts of the body, but principally on the scrotum, the perineum and the anus.

Ichthyosis, pearly and horny. Thickening of the epidermis; scales more or less thick all over the body, but especially on the arm, elbows, and knees; cracking and dryness of the skin.

Psoriasis guttata, Lepreiformis.—In the first case, red circular, prominent spots covered with scabs, especially on the prominences of the elbow and knee; in the second case, round, prurient, irregular surfaces, with scabs and a central depression.

Burns.—Consecutive fever; intolerable pains. Alternated with Aconite in the first case and with Causticum in the second, facilitates the disappearance of the scars.

Wounds.—Gangrene with ichorous suppuration.

Chilblains where the pain is very sharp.

Furunculus, when the tumor is very large, very much inflamed, and gangrene is threatened. Furunculous dyscrasia.

Sleeplessness accompanied with anxiety, palpitations, and a sensation of heat internally. The patient affirms that boiling water is circulating in his veins. Troubled sleep, often interrupted by cries. Loquacity or grinding of the teeth.

Potency from 6 to 200.

Very low, we deprive it of its dynamic power, which is entirely lost, to the increase of its toxic power.

Very high, I have not employed it, but some practitioners in whom I have the utmost confidence assure me that they have obtained good results from its use. *Doses*, generally in globules, rarely in liquid except in very acute cases, when I give one drop in 125 grammes of water, one spoonful every four or six hours.

SKIN-GRAFTING IN THE TREATMENT OF ULCERS AT THE
WARD'S ISLAND HOMŒOPATHIC HOSPITAL.

BY DUNCAN MACFARLAN, M.D.

SINCE the opening of this hospital, the majority of surgical cases furnished having been *chronic ulcers*, a good opportunity has been afforded for trying the various methods of treatment ordinarily employed, combined with homœopathic treatment by internal medication. Of the latter, very little need be said, so many different remedies being indicated by the varying condition of the patients. Some points of interest, however, may have been gathered in relation to skin-grafting and the preparation of the ulcers for that process.

Simple Ulcer.—The edges of this ulcer are smooth and even. The ulcer has a bright healthy appearance. The discharge is of a cream-like pus of a whitish-yellow color. Grafts may be inserted in this variety at once, afterward treated with Carbolic acid diluted (1 part to 25 Aqua pura), until healed.

Irritable Ulcer.—When the ulcer is large, skin-glazed, tense, and very painful, by keeping patient at rest with the limb in a horizontal position, and applying Carbolic acid and Calendula, one part of each to twenty parts Aqua pura. Have found this to act nicely in most cases. The Calendula alone has a very soothing effect, but the Carbolic acid being a stimulant and antiseptic, they act well together, increasing the discharge and lessening the inflammatory process.

When the inflammation subsides and the suppuration is healthy and not too profuse, the grafts are inserted and take as readily in this variety as in any other.

Sloughing Ulcer.—Ulcer is black, very foul, and coming away in masses.

The most successful method of treating this ulcer is to pack it with pulverized charcoal and apply flaxseed poultices. In a few days this clears up the ulcer nicely.

Continue the poultice until it is bright and filled up in centre with healthy granulations, then insert grafts.

Indolent Ulcer.—In this variety where there was very little discharge, livid appearance of the limb, little or no pain, have found the Ferri et Potassæ Tartras (1 5 to 3 5 Aqua pura) to brighten the ulcer and start up healthy granulations in a few days; also Bisulphide of carbon brushed over the ulcer two or three times daily, will act well.

The granulations are very profuse when the ulcer commences to heal. Grafts should be inserted about the edges, and isinglass plaster (with small perforations for the escape of the pus) placed over the ulcer to keep the grafts from being carried off by the discharge.

Varicose Ulcer.—This is one of the most troublesome varieties on account of the pressure about the ulcer caused by the varicose veins.

In some cases acupressure pins have been applied behind the large venous trunks in popliteal space. This method has been very successful, the ulcer healing up in a remarkably short time. The pins were allowed to remain in three to four days, and after they were taken out there was always some slight inflammation, to which *Calendula* was applied.

The application to the ulcers in most cases has been *Hamelis* (1 part to 10 parts of *Aqua pura*), with the same remedy internally.

The treatment by acupressure pins is dangerous on account of phlebitis being liable to set in. The safer but more tedious way is to apply roller bandage with a reverse turn from foot to knee, thus relieving pressure, and treat locally with *Hamelis* or *Balsam Peru*. An elastic stocking may be employed after ulcer is healed to prevent relapse.

Syphilitic Ulcer.—In this variety we have everted edges, gray base, and copper-colored surrounding, and the peculiar thin brownish discharge, and pain in shin-bones at night characteristic of the variety.

In a number of these ulcers, *Mercurius dulcis* (1 to 10) was applied. This would brighten the sore and alter the character of the discharge in a short time. When bright, grafts may be inserted about edges of ulcer, allowing it to fill up in centre.

In twenty-five cases of which close record has been kept, one hundred and fifty superficial skin grafts have been inserted—merely the horny layer of epidermis taken from palm of hand—grafts being quite small, not larger than three-eighths of an inch long by one-quarter of an inch wide. Out of this number one hundred and thirty-three have taken well, and when once taken they spread rapidly, provided the ulcer is kept in a healthy condition. The grafts should be made with a sharp scalpel, first shaving off the horny layer of epidermis, and when inserted care should be taken to put the under surface of graft on the raw surface of ulcer, also to press

them into the flesh, welding them so to speak; then bind them down with isinglass plaster, perforated to allow for escape of the discharge. Where the ulcers are superficial the grafts may be inserted all over the ulcer, but where they are deep they should be inserted around the edges; this approximates the edges and assists the ulcer in filling up in the centre.

CONSTANTINE HERING, M.D.

FIFTY YEARS A DOCTOR.

THE name and the fame of Dr. Constantine Hering are dear to every one who cherishes the art of healing inaugurated by Hahnemann, and especially dear are they to Americans, since to him is due in very large measure the advanced and firm position homœopathy occupies as a successful and scientific system of medical practice in this country. We know we will be gratifying our readers, therefore, by giving place to an account of a celebration in honor of the fiftieth anniversary of the graduation in medicine of our venerable and venerated colleague.

On the 22d of February last a few physicians, specially invited for the purpose, met at the office of Prof. C. G. Raue, to talk over the matter of a proper observance of Dr. Hering's jubilee. This led to the calling of a mass meeting of the homœopathic physicians of Philadelphia and vicinity, to take ways and means for such a celebration, at which Dr. A. R. Thomas presided, and Dr. R. J. McClatchey acted as Secretary. It was there and then resolved that a banquet should be given in Dr. Hering's honor on the evening of March 22d (the evening preceding the important day), and that on that occasion a complimentary address, handsomely engrossed and framed, should be presented to him, together with the diplomas of the honorary degree from each and every homœopathic college in the United States, if obtainable, and such other exercises as might be thereafter agreed upon. A committee was appointed to prepare the testimonial and secure the honorary diplomas from the colleges, consisting of Drs. R. J. McClatchey, A. R. Thomas, John K. Lee, W. H. Bigler, and Samuel M. Cleveland, and a committee of arrangements was also appointed to provide ways and means for carrying out the objects of the meeting, consisting of Drs. C. G. Raue, Ad. Fellger, Joseph C. Guernsey, M. S. Williamson, P. Dudley, A. R. Thomas, and R. J. McClatchey. These committees, having faithfully attended to the duties of their appointments, reported to an adjourned meeting of the physicians, at which the complimentary address was submitted and unanimously adopted, and full power was voted the committee to complete their duties.

Accordingly, on Wednesday evening, March 22d, Dr. Hering, a number of invited guests, and the subscribers to the testimonial fund, assem-

bled in the blue parlor of the Union League House, Broad Street below Chestnut, and under the direction of the Master of Ceremonies, Dr. Joseph C. Guernsey, repaired to the beautiful dining hall of the League in procession, Dr. Hering leading, supported on the right by Dr. P. P. Wells, of Brooklyn, N. Y., and on the left by Dr. Carroll Dunham, of Irvington, N. Y. These gentlemen were seated at the head of the table, and following in order were the following invited guests: Drs. Henry Detwiller, of Easton, Pa.; S. Lilienthal, of New York; Henry M. Smith, of New York; John W. Dowling, of New York; S. P. Burdick, of New York; J. H. McClelland, of Pittsburg, Pa., and Francis Wells, Esq., of the Philadelphia *Evening Bulletin*, each guest being supported by a Philadelphia physician. During the procession and seating of the company a grand march was played by Hassler's orchestra, at the conclusion of which Dr. R. J. McClatchey arose in his place and presented the banquet to Dr. Hering in behalf of the physicians of the city.

DR. MCCLATCHEY spoke as follows:

DR. HERING,—*Sir*: I have a few words to say to you, in behalf of the physicians of our city, before we proceed to discuss the subject now before us.

Your friends and neighbors of the homœopathic medical profession of Philadelphia, having a very high appreciation of your merits as a man and as a fellow citizen, and of your talents, labors, and position as a scientist, and more especially as a homœopathist, have taken this occasion to bear public testimony to their feelings by tendering you this banquet, gotten up to do you honor, and to celebrate the fiftieth anniversary of that auspicious event which gave to Medicine a master mind—your graduation as Doctor in Medicine at the University of Wurzburg, on the 23d of March, 1826.

To give you pleasure, sir, and to do themselves honor, they have invited some of your oldest and dearest professional friends from other cities to sit down with us, and others also who are just as much your friends, though not of such long standing. They are all, like yourself, eminent in the profession, and we are proud to have the honor of their company.

Accept this banquet, sir, in the spirit in which it is offered you, and partake of it as of a feast of love; and believe me that, however varied and appetizing the viands may be that the *cuisinier* may place before us, they will be none the less palatable, but all the more acceptable, for the strong sprinkling of the salt of friendship with which the whole feast is seasoned.

I have the honor to request you to be seated.

At the conclusion of this brief address the company at once entered into the serious and important business of discussing the *bill of fare*, and for two hours and a half dish followed dish and course followed course, of exquisite cookery, amid the enlivening strains of music, the sparkling

of champagne, the jest, the laugh, and to the great enjoyment of all present.

The assemblage was then called to order by Dr. J. C. Guernsey, who introduced Dr. J. K. Lee, of West Philadelphia. Dr. Lee presented to Dr. Hering an elegantly engrossed and framed testimonial, expressive of the respect and esteem of his associates.

DR. LEE spoke as follows :

DR. HERING,—*Honored and Revered Sir* : I come to you, not with the language of fulsome eulogy or empty and unmeaning platitudes, but to speak the words of truth and soberness. And permit me, as the representative of your professional neighbors and friends, to tender you our warmest congratulations on the occurrence of this the fiftieth anniversary of your graduation in medicine.

Receiving your inspiration at the feet of Hahnemann, you early went forth as the disciple of a new dispensation, which promised to deliver Medicine from the thralldom of traditional errors and incongruities, and do for *it* what Kepler did for Astronomy and Newton for Physics,—rescue it from the uncertainties of hypotheses and invest it with the dignity and importance of a Science. Upon this high mission you entered with all the ardor and enthusiasm of youth, and dedicated to its service the strength of your manhood and the vigor and culture of your intellect ; and while your life has been one of unremitting toil and self-denial, it has been sublime in its purpose and glorious in its results.

Your pen has enriched our literature with its contributions, and made our *Materia Medica* an enduring monument of your untiring research and industry. To-day, wherever homœopathy has a votary or its blessings are distilled like the gentle dews of the morning, there the name of Dr. Hering is known and revered ; and to-night, as a victor on many a field of peaceful conflict we hail you, and offer the homage of our profound respect and gratitude, and wreath for your brow the chaplet of honor.

As a fitting memento of this interesting occasion, accept this testimonial of your brethren, not because of its intrinsic worth, but as the embodiment of their sentiments and the spontaneous offering of warm hearts and true friends.

In conclusion, let me invoke upon your head, already hoary with the frosts of more than three-score years and ten, the choicest benediction of heaven. May your life be long preserved for the benefit of humanity, and when you leave this world may you depart as the setting sun, amid the halo of your own brightness, and be received into the realms of a blissful immortality.

PROF. JOHN W. DOWLING, M.D., Dean of the New York Homœopathic Medical College, then, in a neat speech, presented Dr. Hering with the diploma of the Honorary Degree conferred on him by that institution.

PROF. A. R. THOMAS, M.D., Dean of the Hahnemann Medical College of Philadelphia, likewise, with appropriate remarks, presented the Doctor with the diploma of the Honorary Degree of that College, stating that the degree had also been conferred on Dr. John F. Gray, of New York.

PROF. THOMAS, in behalf of Dr. Henry Detwiller, of Easton, presented to Dr. Hering a complimentary address, signed by the surviving members of the old Allentown Academy, and sealed with the ancient seal of that historical corporation.

DR. J. C. GUERNSEY read letters of regret from Drs. John F. Gray, of New York, and John Romig, of Allentown, Pa., the latter being highly eulogistic of Dr. Hering.

DR. GUERNSEY, as Toast Master, then called the first regular toast—*The Memory of Hahnemann*—which was drunk in silence, the company standing and the orchestra playing a dirge.

The second regular toast was drunk to Dr. Hering. This called out Dr. P. P. Wells, who referred in eloquent and touching terms to his long and close intimacy with Dr. Hering, its pleasures and its profits. He told of his first acquaintance with homœopathy and Dr. Hering, the open-heartedness and self-sacrifice of the Doctor in imparting instruction, and paid a glowing tribute to his merits as a man, a scholar, and a true homœopathist. We were unable to gather Dr. Wells's remarks in full, but they will no doubt be incorporated with the pamphlet publication of the proceedings, which we understand will be issued.

The next regular toast was *Homœopathy*, to which Prof. H. N. Guernsey responded.

PROF. GUERNSEY spoke as follows :

GENTLEMEN: It is with feelings of veneration that I rise to respond to the toast *Homœopathy*—that cause for which our distinguished colleague, Dr. Constantine Hering, in honor of whose jubilæum we have assembled to-night, has devoted so much of his lifetime, so much of the severest labor, mental and physical, and for the advancement of which he has accomplished so much, that his name must be co-identical with the science for all coming time. For centuries back there has been a constant reform and progress for the better in all the arts and sciences. The great religious reformation of the fifteenth and sixteenth centuries, arising after the important discovery of the art of printing, were to be followed by reforms of none the less value to the human race.

Less than a century ago, people in every part of the civilized world were feeling the need of *another* reform—a grand reform in *medicine*. The barbarous modes of practice then in use, involving nauseous and poisonous doses, deleterious and disgusting mixtures, that loved ones were compelled to swallow, resulting in more harm than good, conspired to cause a cry to go forth: "O that the Lord would send us some-

thing—some little sweet something that we may take when sick to make us well again!”

This prayer, so earnestly uttered, the Lord has answered in sending us *homœopathy*.

Homœopathy is a divine institution, and should be most sacredly held in trust by all its votaries, even as it was held by Samuel Hahnemann, whom the Lord deputed to impart it, and by his faithful disciple, whom we have brought here to-night to show our gratitude, and whom we delight to honor. Homœopathy has shed a new light upon the whole medical world, and is everywhere making apparent its beneficial results. It teaches us that diseases are not entities—that they are not open to the natural sight, touch or taste, neither are they subject to the effects of weights or measures.

The scalpel cannot reveal nor can the microscope behold them. All diseases are morbid effects of disordered dynamic forces, and to cure such an effect we must seek a dynamic force from the medical kingdom, whose subtlety in degree and quality *equals* the subtlety in degree and quality of that dynamic force producing the disease. *This, and this alone, is homœopathy.* This science, based upon the law *similia similibus curantur*, is as true as the Bible! It comes from the same source, and it must ever shine as the great beacon-light in medical science, as the Bible is the great beacon-light in the science of theology; it must ever continue to heal more and more the suffering of the human race, as we come more and more under its real influence; it must ever and ever continue to overcome all other methods of medical practice until homœopathy reigns supreme, as the grand and only law of cure for all manner of diseases in all varieties of living creatures.

The next regular toast was, *Our Visiting Friends*, to which Dr. Carroll Dunham was called to respond.

DR. DUNHAM spoke as follows:

Gentlemen of Philadelphia: An invitation to Philadelphia, the Mecca of American medicine, and especially of American homœopathic medicine, could not fail to meet a cordial response from every homœopathic physician. An invitation from so numerous a body of our colleagues, representing so worthily our schools, our literature and our press, and on an occasion so interesting as the celebration of the jubilee of our venerated colleague, Dr. Hering, so touches us that I am sure I utter the sentiments of all of my associates when I thank you, in their name and my own, with my whole heart, for this opportunity to unite with you in your graceful testimonial of homage and love to our honored friend.

If the opportunity had been as great as your large-hearted hospitality, and could have embraced the wide expanse of our country, these walls could not have contained the legion of those who would have come up hither to honor themselves by honoring your venerable guest.

Gentlemen, this banquet, which your hospitality and good taste have crowded with viands from the ends of the earth, and decorated with flowers of every variety of loveliness and fragrance, constrains me to speak of the banquet at which our friend Dr. Hering has been entertaining us all, and all of our school in every part of the world, for a far longer time than my personal memory can recall.

For forty years the feast of reason has been spread in his study. The bill of fare, in our English and in his native German, has been widely distributed. The strong meat of scientific reasoning, the choicest fruits of keen and sagacious observation, the wine of a cheerful, hopeful confidence in the unity and consistency of natural law, the salt and spices of a pungent wit and a wholesome satire, the milk of human kindness and the flowers of poesy, have loaded the table, at which every student has met with a princely welcome, the only condition being that he should *be hungry and should eat*.

Twenty-eight years have passed since I, a hungry student, knocked at Dr. Hering's door, asking for mental food, and daring to expect at best a crust or a soup ticket directing me to some college. I was welcomed to his festive board, and there I have feasted ever since.

There is this peculiarity about his banquet, that, whereas, *here*, what was order an hour ago is now confusion and a mass of *débris*, his table, spread for forty years, is now fuller and richer than ever, though so many have partaken of his cheer! Nay, he has assured me that though guests come lean and hungry, *as I did*, and take their fill, as I did, yet they rather add to than diminish his store.

To one thing I *know* they add—to the blessed consciousness of having done great good, of having made the rough paths smooth for multitudes of his colleagues, and through them, to multitudes of the people; a consciousness which, under whatever trials, must gladden these years of our dear friend's life!

At a time when many men give up their labors, Dr. Hering is crowding his table with choicer viands than he has ever offered us; and his welcome is still extended, as heartily as ever, to those who hunger for knowledge.

Gratefully acknowledging the courtesy of your entertainment, we utter our fervent gratitude to him in whose honor you give it, and pray for his health and welfare among you in the many years which we hope are still in store for him.

The last regular toast was to *The Press*, to which Francis Wells, Esq., editor of the *Evening Bulletin*, responded.

THURSDAY, MARCH 23D, 1876.

On the day following the banquet, Dr. Hering remained at home to receive his friends, large numbers of whom, professional and lay, called to pay their respects and tender their congratulations. He was the recipient of a number of floral offerings and other testimonials of regard.

Among the visitors of the day were Drs. John F. Gray and Alfred K. Hills, of New York, who presented Dr. Hering with the diplomas of the State Board of Examiners of the University of New York, of the Boston University School of Medicine, and of several other institutions. The proceedings of this delightful and memorable day will be given in full in the pamphlet to be issued by the committee.

THE HYGIENE OF LUNG EXERCISE.

BY A. C. REMBAUGH, M.D.

(Read before the Philadelphia Homœopathic Medical Society, March, 1876.)

GENTLEMEN: It will not, I trust, be thought necessary to beg the indulgence of your learned body for bringing to your notice from time to time subjects having no definite place in our therapeutic system.

It will not be denied by even the extremest rigorist that there exist outside of and beyond the domain of scientific medicine remedies and preventives of sickness indispensable to the most successful practice.

Of these means for the maintenance of health the great majority are in the nature of prophylactics, and with the advance of medical science it becomes ever more clear that the centre of gravity of the system turns rather upon the prevention than the cure of disease. It is not impossible that in time the business relations of physician and patient will be modified in accordance with this principle, and that, as has long been the practice with the Chinese, the doctor will be paid for the time he maintains his clients in health.

The subject to which I desire to direct your attention is the great and varied utility of vocal exercises to the maintenance of health.

It is in this place entirely superfluous to dwell upon the vast importance of the function of the lungs to the physical economy. Upon the action of no one of the nutritive or depurative organs is life so instantly dependent as upon the function of the lungs. Involved with the lungs in the functions of respiration and enunciation are other organs which, as the frequent seat of troublesome and even dangerous disorders, require the utmost strengthening and development to secure their health. Now as the action of the respiratory organs is unlike that of all the other bodily functions, in part voluntary, their complete development becomes properly a subject of culture. We must allow, however, that the habits of civilization have for the most part created this necessity.

Man previous to civilization had so many occasions and impulses for the vigorous exertion of his respiratory and vocal organs, that he developed and has left to posterity organs whose capabilities are greater than the habitual requirements of our refined existence; and this we may consider a second and important reason for their systematic cultivation. If this position needed confirmation, it could be most amply furnished by consideration of the comparative immunity from pulmonary difficulties enjoyed by those classes whose occupations necessitate an exceptional cultivation of the vocal organs.

The advantages of these exercises is observable, not only in the case of the class of speakers and vocalists in our own country, but also in the greater immunity from lung diseases enjoyed by entire nationalities whose musical habits and peculiar conversational manner involve a greater expenditure of voice than is common with Americans or Englishmen.

In the course of these observations it occurs that no small part of the proverbial health and longevity of persons who are frequent and hearty laughers, may be due to the capital exercise which this exertion affords to all the organs connected with respiration.

Further in corroboration of this view may be cited the general impression that asthmatics, as a class, are freer than other people from specific affections of the lungs. If true, this can be due to no other cause than to the fact that such sufferers are compelled to make extraordinary exertions in getting their breath, thus affording the respiratory organs unusual exercise.

Indeed we may conclude our remarks on the importance to the health of a systematic cultivation of these organs, by referring to the numerous cases in which it is believed that the ravages of hereditary or acquired consumption have been stayed solely by judicious exercise of the respiratory and vocal organs. I would venture to adduce my personal experience of the value of these exercises, having found myself by moderate daily vocal exercise for the space of a year, delivered from a threatening bronchial affection of several years' standing, as well as much improved in general health, and with a diminished susceptibility to taking cold.

I come now directly to consider the best means for affording the lungs and vocal organs that additional exercise the necessity of which I have just endeavored to make clear. This can be accomplished in great part by exercises whose other

than hygienic value is in itself sufficient to recommend them to our attention.

A thorough training of the voice as a musical organ is, perhaps, the most valuable of all such exercises, not only in point of culture, but of health as well.

The accomplished singer is compelled to have all the organs of voice and the powers of the lungs under the most severe control. His breathing and enunciation must be unconstrained and natural, and free from all those squeezed, nasal, and throaty tones which are so surprisingly prevalent in all uncultivated vocalization. We must except, however, the utterance of infants and young children, upon whom the injurious restrictions of refined manners have had no influence. It should for this reason be the policy of educators, instead of entirely suppressing the noisy impulses of youth, to take advantage of them, and early begin a systematic cultivation of the musical organs.

Singing should be taught in all our primary schools and practiced about the domestic fireside, and great as might be the moral and æsthetic results which we should be justified in looking for from such a musical cultivation of our people, they would, in my opinion, scarcely surpass the hygienic advantages.

We may refer next in order to purely elocutionary exercises, which, in point of health, are scarcely, if at all, less valuable than the musical exercises above recommended.

If the organs of utterance of the orator receive a less extensive and less rigorous culture than do those of the vocalist, the practice of declamation calls more completely into play all the energies of the body and powers of expression than does ordinary singing.

The rendition of dramatic music, however, requires both rhetorical and lyric accomplishments.

The briefest treatment of this subject will be incomplete without reference to the great value to the health of the mental stimulus afforded by the practice of those great arts of expression.

If music and oratory are considered to be beyond any one's attainment, he need not despair for lack of a subject for vocal cultivation.

The execrable tones so noticeable in the conversation of English-speaking people are not inseparable from the national character. A man may understand the jury system, it is to be hoped, and be capable of self-government, whose vocaliza-

tion is neither strident, mouthed, nasal, throaty, nor squeezed. A proper conversational tone requires the co-operation of lungs, diaphragm, thoracic and abdominal muscles, as well as of the distinctive organs of speech. The exertion is certainly less than that of either of the above-mentioned, but, as its practice is much more common, the beneficial effects of a proper employment of the voice in our daily intercourse might not be less than those to be derived from the practice of either of the more brilliant arts of expression.

As not without value to the object of this paper, I may mention practice upon wind instruments, light gymnastics, especially of the upper body and arms, and the cold bath.

Wind instruments, when adapted to the strength of the performer, afford a healthful and invigorating exercise for the lungs. They are, however, unless judiciously employed, frequently of no less injury to those who practice upon them, than of inconvenience to those who constitute the compulsory audience. We recommend, however, without scruple, mouth organs and Jew's harps for the use of infants and feeble adults, and Christmas horns for the use of asylums for the deaf and dumb.

The value in this connection of the cold bath, which should be taken daily with the sponge, is in the stimulus to respiration which it affords, causing deep and frequent inspiration.

Without, then, understanding the vast opportunities of sanitary science in other directions, there is certainly no one element of the mortality of society which admits of greater diminution than that arising from pulmonary diseases and affections originating in or aggravated by the imperfect functioning of the lungs. The greater part of this fatal brood might be stamped out of existence, if but two or three generations could be generally induced to give but a fraction of that energy to fortifying themselves against their insidious attacks which is vainly expended in the effort to expel them, when they have once seized upon the constitution.

In conclusion, if I have not overestimated the value to the health of vocal exercises, I beg leave to call your attention to the supreme importance of a timely beginning in their practice. The seeds of pulmonary diseases are almost always developed in the years of adolescence. It is when the powers of the body mature, and the renovating forces of youth are vanishing, that the lungs, if not fortified against this critical period, so frequently prove to be the treacherous link in the golden chain of life.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, May, 1876.

No. 10.

PRIMARY AND SECONDARY SYMPTOMS OF DRUGS AS GUIDES IN DETERMINING THE DOSE.

BY CARROLL DUNHAM, M.D.

As preliminary to an intelligible discussion of this question, we must briefly define primary and secondary symptoms respectively, and state how, in our judgment, the discrimination between them bears upon the selection of the remedy. And this notwithstanding these questions have been elaborately and lucidly discussed by other members of this bureau. For it will not have escaped the reader's observation that these terms are used with different significations by different writers.

Symptoms may be called primary as being first in order of occurrence, in comparison with others which, occurring at a later period, are, with reference to time, secondary to them.

Or, symptoms may be called primary as being, in a sense, the exciting cause of other and opposing symptoms, which are then secondary to, as being contingent upon, the former.

Or, symptoms may be styled primary as being of greater importance or significance than others called, therefore, secondary.

The distinction then may be based on considerations of time, of opposition in nature, or of rank. And it is important not to confound or combine these ideas in our discussions.

Since most of our traditional notions on this subject originated in Hahnemann's utterances upon it throughout his writings, I will briefly repeat his views before stating my practical conclusions.

In an essay entitled *Suggestions for Ascertaining the Cu-*

rative Powers of Drugs, published 1796 (S. W., 312), Hahnemann says: "Most medicines have more than one action; the first a *direct* action, which gradually changes into the second (which I call the indirect secondary action). The latter is generally a state exactly the opposite of the former. In this way most vegetables act. But few medicines are exceptions to this rule, *e. g.*, metals and minerals." He illustrates what he means by the secondary action in the following note: "Under opium, for example, a fearless elevation of spirit, a sensation of strength and high courage, an imaginative gayety, etc., are part of the direct primary action of a moderate dose; but after eight or twelve hours an opposite state sets in, the indirect secondary action; there ensue relaxation, dejection, diffidence, fear, loss of memory, etc."

In the preface of the *Fragmenta de Vir. Med. Pos.*, etc., 1805, Hahnemann says: "Simple drugs produce in the healthy body symptoms peculiar to themselves, but not all at once, nor in one and the same series, nor all in each experimenter; but to-day perhaps these, to-morrow those; this first one in Caius, the third in Titius, but so that on some other occasion Titius may experience what Caius felt yesterday."

"A certain drug evokes some symptoms earlier and others later, which are somewhat opposed and dissimilar to each other; indeed *may* be diametrically opposed. I call the *former*, primary, or of the first order, and the latter, secondary or of the second order."

"For each individual drug has a peculiar and definite period of action in the human body, longer or shorter, and when this has passed, all the symptoms produced by the drug cease together."

"Of the drugs, therefore, the effects of which pass over in a brief space of time, the *primary* symptoms appear and disappear within a few hours. After these the secondary appear and as quickly disappear. But the exact hour in which any symptom may be wont to show itself cannot be positively determined, partly because of the diverse nature of men, partly because of different doses."

"I have observed some drugs the course of whose effects consisted in two, three or more paroxysms, comprising both kinds of symptoms, both the *primary* and the *secondary*; the former, indeed, as I have stated in general terms, appeared *first* and the latter *second*. And, sometimes, it seems to me I have seen symptoms of a kind of *third* order."

"Under the action of moderate or small doses, the symptoms of the first order come chiefly to view; less frequently those of the second order. I have chiefly preserved the former, as most suitable to the Medical Art and most worthy to be known."

Finally he speaks of a class of symptoms which he denominates "reliquias," generally the effects of very large doses, and which seem to indicate or depend upon more or less permanent alterations of tissue, including the symptoms of the "agony" in fatal cases.

As illustrating these views, I quote remarks prefixed or appended to the symptomatology of several of the drugs mentioned in the *Fragmenta*:

In a note to Aconite, Hahnemann says: "Through the whole course of action of this plant, its effects of the first and second order were repeated in short paroxysms, two, three, or four times before the whole effect ceased (eight to sixteen hours)." And he describes these effects as follows:

"Coldness of the whole body and dry internal heat. Chilliness. Sense of heat first in the hands, then in the whole body, especially in the thorax, without sensible external heat.

"Alternating paroxysms (during the third, fourth, and fifth hours); general sense of heat, with red cheeks and headache, worse on moving the eyeballs upwards and laterally, then shivering of the whole body with red cheeks and hot head; then shivering and lacrymation with pressing headache and red cheeks."

In a note to Chamomilla, Hahnemann says: "The course of its action is run in paroxysms of several hours' duration, comprising symptoms of each order, free spaces or remissions being interjected, so, nevertheless, that in the earlier paroxysms, the symptoms of the first order, in the later, those of the second order predominate."

In a note to Ignatia, he says: "Ignatia is wont to display the curriculum of its operation in several paroxysms comprising both orders of symptoms, and repeated at intervals of several hours;" and, concerning the mental symptoms: "Inconstancy, impatience, vacillation, quarrelsomeness, wonderful mutability of disposition, now prone to laughter, now to tears," he says, "These mental symptoms are wont to be repeated at intervals of three or four hours."

Hahnemann's teachings on this subject in the *Organon* (in which all the editions substantially agree) have been so fully

given by Dr. C. Wesselhœft in the preceding section of the report of this bureau, that I am spared the necessity of quoting them.

It appears that Hahnemann, in the *Fragmenta* and the *Organon*, teaches that among the symptoms of a drug, there appear series which are opposed to each other in different degrees of diversity, from being "somewhat opposed" to "diametrically opposite;" and that, of these series, that which occurs *first* in order of time, is to rank among the *primary*, and that occurring subsequently among the *secondary* symptoms. But he calls attention to the fact that there are some kinds of symptoms in every proving, to which there can be no series of an opposite nature, *i. e.*, to which an *opposite* cannot be predicated; for, he says, "Our organism always bestirs itself to set up in opposition to this effect [first drug action], the OPPOSITE condition, WHERE SUCH A CONDITION CAN EXIST." (*Organon*, 2d and 3d ed., § 74; 4th ed., § 63.)

In his definition of primary and secondary symptoms, therefore, Hahnemann blended the elements of time and of causation or nature (*viz.*, that these classes were opposed in their nature). The secondary symptoms were not an independent series, but were secondary by virtue of their relation of opposition in nature to a series of preceding symptoms. And such symptoms as did not in their nature admit of an opposite condition (as for example, pain, cutaneous eruption, etc.) could not be called *primary* because, in the nature of things, they could not be followed by an opposite class of symptoms. Nor could they be called *secondary* because, in the nature of things, they could not have been preceded by an opposite series, which could stand to them in the relation of *primary* symptoms. Hahnemann then appears to have recognized in the pathogeneses of drugs, symptoms which being opposed in nature could be arranged into series of *primary* and *secondary*, and other symptoms not susceptible of such arrangement.

He distinctly tell us (*Organon*, 2d and 3d eds., § 59; 4th ed., § 152) that the *primary* or positive symptoms of drugs are those on which we are to base our prescriptions.

These statements in the *Organon*, as quoted by Dr. Wesselhœft, embrace not only a description of various classes of symptoms as observed by Hahnemann in drug proving, but also a theory of the nature and genesis of these various classes. A man's observations of natural phenomena, if he

be a keen and accurate observer, as Hahnemann unquestionably was, are generally correct. His theoretical explanation of them is pretty sure to be tinctured with the philosophy of the period in which he wrote, and is not likely to be accepted without qualification by men of a subsequent period. And, at the present day, few would accept Hahnemann's explanation of the genesis of primary and secondary symptoms as representing respectively a state of passivity followed by a state of intensified activity on the part of the vital force; this conception of a vital force, in the sense in which Hahnemann used the term, being one which, itself, has been discarded by most physiologists. But the rejection of the explanation offered by Hahnemann does not involve the rejection of the observations to which he attached it.

Among the symptoms which he called *primary* (Erstwirkungen), Hahnemann recognized the occasional occurrence of what he called alternate (Wechselwirkungen), opposed, sometimes contradictory symptoms, which, nevertheless, were not *secondary*. He does not tell us how to recognize these, nor how to distinguish them from the secondary symptoms. But he does give us instances of what he regards as secondary symptoms, as follows (*Organon*, 2d and 3d eds., § 76; 4th ed., § 65): "The gayety which follows the use of coffee is a *primary* symptom; the subsequent drowsiness and lassitude are *secondary* symptoms. The sleep which follows Opium is a *primary* and the subsequent insomnia a secondary symptom; the *purging* of cathartics is a *primary* and the subsequent constipation a *secondary* symptom. The constipation of Opium is a *primary* and the subsequent diarrhoea a *secondary* symptom." And consistently with Hahnemann's instructions, we should not expect to base our prescriptions on these secondary symptoms.

But when we examine Hahnemann's remarks on the individual drugs of the *Materia Medica Pura*, we find deviations from his definitions and illustrations as given in the *Organon*. In the preface to Belladonna (*Materia Medica Pura*, 1st ed.) we read: "There is no known drug of long action which expresses itself in so manifold (two and three fold) alternate conditions as Belladonna. Only compare symptom 15 with 16 and this with 17, 56 with 58, and this with 60, 61 and 114, and these with 113 and 152; again, 62 with 63, 64, and these with 70, and 62 with 72, 158 with 159, and this with 160 and 165, and this with 163; and 172 with 174 and

175, and these with 176. Of *none* of these alternate conditions (Wechselwirkungen) can it be said that they are beyond the primary action."

The symptoms thus referred to describe opposite conditions as follows :

Contracted pupils and dilated pupils.

Abdominal pains compelling to *bend backwards* and to *sit still*,—to move forward and not admitting of motion.

Suppressed stool and urine and involuntary stool and micturition, and constant tenesmus.

Sleeplessness and deep slumber.

Raging delirium and wild fear, and foolish madness, etc.

It is evidently Hahnemann's meaning, and surely experience justifies him, that Belladonna may be given (other symptoms corresponding) when either the one or the other (the opposite) of these conditions is present. And these opposites belong to the class described in the *Organon* as *secondary*, and on which, we are told, we are *not* to base our prescriptions.

In the introduction to *Nux vomica* (*Materia Medica Pura*, 1st ed.) Hahnemann says: "The symptoms of a single dose of *Nux vomica* are wont to recur several days in succession, at the same time of day, even at the same hour, or every other day. Hence the usefulness of this drug in some typical diseases when the symptoms otherwise correspond. Besides this periodicity of the symptoms, and besides the alternation of heat and cold, there follow also upon one another, here and there (as is the case also with other drugs), symptoms which differ very much from one another, and *appear to be opposed to each other*, although they all belong to the primary action of the drug. We may call these *alternate actions* (Wechselwirkungen)." And among the symptoms of *Nux vomica*, Hahnemann calls attention to 232 and 233 "*anorexia*," as contrasted with 236-238, "great appetite," and says these are alternate actions, and belong to the primary symptoms, and are, therefore, to be used as bases of prescriptions. He refers also to 369-374, "Constipation with tenesmus," etc.; and to 357-359, "Diarrhœa with desire and tenesmus," etc.; and says, in a note, "Diarrhœa, constant, abundant, strictly so called, is not, according to my observation, to be expected in the primary action of *Nux vomica*; and that which here appears among the symptoms as diarrhœa, is partly very small, mostly mucous discharges with tenesmus and pain, etc." Again, in a

note to 456, he says: "Discharge of mucus from the nose is an alternate action with dry obstructions of the nose." There is, clearly, a discrepancey between Hahnemann's general propositions in the *Organon* and his practical instructions in the *Materia Medica Pura*. For we find from the latter that *Beladonna*, for instance, may be given for the *primary* symptom, "sopor," as well as for what in the *Organon* is called the *secondary*, but in the *Materia Medica Pura* the *alternate* symptom "sleeplessness," and that *Nux vomica* may be given for the *primary* symptom "constipation," and likewise for what is called in the *Organon* the *secondary*, but in the *Materia Medica Pura* the *alternate* symptom "diarrhœa."

The very terms *primary* and *secondary*, as thus illustrated, seem to imply a succession of symptoms, more or less opposed in character, and all of them differing from the equilibrium of function which we recognize as health. The instances given, and, indeed, the only possible instances, relate to functions of which a "more" or "less," or "an opposite," may be predicated; as, for example, temperature, sleep, certain mental conditions, and the secretions and excretions generally. Thus we may have an unnaturally prolonged sleep or wakefulness, gayety, or despondency, and a *plus* or *minus* of sweat, alvine discharge, urine, etc., etc. But how could we have an opposite condition to any specified pain or subjective sensation, to parenchymatous deposit, to cutaneous eruption, etc., etc.? The absence of these phenomena would be *pro tanto* a state of health; it would not be an opposed morbid condition or sensation.

The possibility, then, of classifying symptoms into primary and secondary on the basis of the relative nature of the symptoms, is not coextensive with symptomatology; it is partial, confined to a moderate number of conceivable morbid phenomena.

Shall we, then, in the second place base the distinction on the element of time, and call the symptoms which first occur *primary*, and those which come later, *secondary*? Where then shall we draw the line? how many hours or days shall we allow for the development of primary symptoms? In view of the immense differences in the rapidity with which the curriculum of action of different drugs is run, it is obvious that a special rule must be established for each drug. Nor is this the only difficulty. The results of different doses on the same provers, and of different doses or even of the same dose

on different provers, are so various that, 1st, as Hahnemann intimates in the preface to the *Fragmenta*, the symptom which appears in one prover to-day will not appear for several days in another prover; and, 2d, a very small dose may produce only one series of symptoms; a larger dose two series of opposed symptoms; a still larger dose two series differently opposed; and a very large dose again only one series. This point has been so well illustrated by Prof. Allen, with whose views I am glad to express my entire concurrence, that I need not dwell upon it, but may content myself with two illustrations from our *Materia Medica*.

On looking over the register of symptoms of ARGENTUM NITRICUM (*Oest. Zeit.*, I), we find reported as occurring early in the proving, irritation of the bladder and urethra and increased frequency and quantity of urine, and as occurring later in the proving, diminution in frequency of micturition and in the quantity of urine. Surely one might pronounce the former to be *primary* and the latter *secondary* symptoms. But on examining the prover's *daybooks* we find that the majority of the provers (being those who took large doses) report the *former* and *not the latter* symptoms. It was the prover who took the 30th who reported diminished urine, and *he* did not report any increase at any time.

These symptoms, therefore, which appear in the register to be opposed, and properly distinguishable as primary and secondary, did not bear to each other any relation of apposition or correlation, as they might have done had they occurred in the same individual. They are different, unrelated, independent effects of different doses in different individuals. And let me suggest, in passing, that the beautiful pictures of primary and secondary effects of drugs which we find in works of old-school writers, and which have been made the basis of "laws of the dose" by writers of our own school, are composite pictures made up from a variety of observations on patients and from cases of poisoning, and bear no more resemblance to a pathogenesis on a single individual, than the composition of an artist which has the mountains of Ecuador covered with the forests of Oregon and decked with the flowers of Java presents to a faithful landscape from nature.

Most of the provers of TELLURIUM taking the 3d trit. had, on the first and subsequent days, symptoms of the general sensibility, of sweat, of the skin, of the bladder, etc., etc. But one prover who took the 4th trit. had no symptoms at

all until the fourteenth or fifteenth day, when cutaneous symptoms affecting the ear appeared and were very persistent and troublesome. Were these symptoms secondary because they came later than *other* symptoms in *other* provers? And secondary to what? How can John's lumbago be secondary to James's toothache? But during the second month this same prover, his ear symptoms having vanished, had symptoms referred to the dorsal spine. Were these secondary to the ear symptoms because they came later? Certainly as regards *time* they were secondary because later. But being in nature wholly unrelated, neither opposite nor similar, they cannot be called secondary as regards nature nor as regards rank or value. Both have been repeatedly verified in practice.

Again, we are told ("The Dose" by E. M. Hale, M.D., *N. A. J.*, ix, 265) that coldness, a condition corresponding to the chilly stage of fevers, is the *primary* effect of Aconite, and that a state corresponding to the hot stage of fevers is the *secondary* effect of that drug. Let us hear Hahnemann. In the introduction to Aconite (*Mat. Med. Pura*, 1st ed.) he says, "Aconite is one of a few drugs whose *primary action consists in several alternating conditions of chill or coldness and heat.*" And now let us study the daybooks of the Austrian provers of Aconite.

Rothausl took tincture of Aconite in doses regularly increasing from six drops daily to fifteen drops daily for nine days, when, feeling powerful effects, he ceased taking it and noted his symptoms.

From the second to the eighth day inclusive, he had the following constantly recurring symptoms: restlessness at night; bad dreams; *unnatural heat of body*; rawness and increased secretion in the larynx; cough; vertigo; headache. On the ninth day, after midnight, severe chill in paroxysms of shivering, starting from the præcordia, lasting two hours, followed by burning dry heat, with frequent, feverish pulse; and this followed by moderate sweat.

For the next six days he had various troublesome symptoms affecting the chest and limbs, and on the sixteenth day of the proving, he had again, at night, a febrile paroxysm consisting of chill, heat and sweat, the first less severe, the last more abundant than on the ninth day.

On the seventeenth day, at night, a similar febrile paroxysm. Then for seven days symptoms of increasing severity in the

head and chest, ending with hæmoptysis on the nineteenth day, and finally, on the twenty-fourth day, a very severe and well marked and defined neuralgic head and face ache.

How can the ingenuity of the most ambitious lawgiver find a pretext for dividing the symptoms (especially the febrile symptoms) of this excellent proving into primary and secondary? A febrile paroxysm occurred on the ninth, the sixteenth and the seventeenth days; before it and after it were well-marked symptoms of the chest and extremities. Which shall be primary and which secondary if date of occurrence determine the question? Which, if nature or if rank determine it?

Certainly if lateness of occurrence stamp a symptom as *secondary*, then the neuralgic head and face ache, the very last symptom reported by Rothausl, must be classed as *secondary*. Not so fast, however! In the proving of Aconite by Zlatarovich with the second decimal, which he took in increasing and very large doses for seven days without effect, the very first symptom was a violent neuralgic head and face ache, almost identical with that described by Rothausl on his twenty-fourth day.

It appears, then, that Rothausl's *last* symptom was Zlatarovich's *first*. If the time of occurrence determines the class, we must rank Rothausl's headache among the secondary, and Zlatarovich's identical headache among the primary, and thus we have the same symptom in each class, which is a *reductio ad absurdum*.

It will be noticed that these identical symptoms, produced at different times in different provers of Aconite, were produced by different doses. The opposite symptoms of Arg. nit. in different provers resulted from different doses.

Prof. T. F. Allen has shown how greatly the results of different doses vary. Sharp shows that, in the same prover, Aconite has four different kinds of action on the heart, as shown by the radial pulse, depending on the dose, and that in only two of these is one series of symptoms followed by an opposite series.

Hahnemann, who, it must be remembered, had an immense experience as a drug prover, and who brought to the work a devotion and powers of observation and analysis rarely equalled, was well aware of the fact that the appearance of apparently contradictory symptoms in a proving is greatly dependent on the *dose*, as appears from § 66 of the *Organon* (4th ed.), in

which, for this reason, he recommends the use of small doses in proving.

Passing for a moment to the second division of the subject, the value of primary and secondary symptoms as guides in selecting the remedy, there are many drugs which, having certain constant characteristic symptoms, have also series of alternating symptoms relating chiefly to the secretions. Among them we may mention *Veratrum album*, which has (122-124), "Thin stool passing unnoticed with flatus. Frequent liquid stools. Liquid stools unnoticed with flatus. Diarrhœa of acrid fœces, etc." And also (127-139), "Constipation from thickness and hardness of fœces. A desire and compulsion to stool in the upper abdomen, and yet no stool, or a very difficult one, as if from inactivity of the rectum, and as if the rectum took no part in the peristaltic motion of the upper intestines." Also Hahnemann quotes from Greding, "Diarrhœa with copious sweat" and "long-continued constipation."

The efficacy of *Veratrum* in the treatment of diarrhœa of an appropriate character is universally conceded in our school. And in my own practice, *Veratrum* has for many years been a frequently used and highly valued remedy for *constipation* in persons of all ages, but especially in infants and young children, in whom digestion appearing to be well performed, the evacuation of fœces appears nevertheless to be impossible because of the inertia of the rectum—a fact demonstrated by the circumstance that a healthy stool can be procured almost at will by irritation of the rectum, as by the common practice of introducing into the anus a piece of soap or an oiled paper, or a rubber bougie. We have here the apparent anomaly of the same remedy equally efficacious in diarrhœa and constipation.

Nux vomica furnishes a similar example. Its efficacy in certain forms of constipation as well as of dysenteric diarrhœa is well known.

Let us now, for a moment, examine a little more closely the nature of the functions affecting which the alternate series of opposed conditions, which have been called primary and secondary, are mostly observed in drug-proving. 1st. They are such as in the nature of things are periodic and not continuous; characterized by periods of repose and activity, and susceptible of quantitative and qualitative correlative interchange among themselves. Thus sleep is periodic, and capable of being supplemented to a degree by other forms of

repose to the nervous system. The intestinal canal, the genito-urinary apparatus, the skin, in so far as secretion and excretion are concerned, have periods of activity and repose; and the inactivity of the one may be made up by increased activity of another. And thus the function of any one of these apparatus may vary widely at different times without a condition of opposition being established. For this reason, then, the mere quantity of one of the excretions, or the degree in which any one of these periodic and convertible functions is performed, does not rank first among the indications on which the selection of a drug is to be based. If we now analyze the prescriptions of *Veratrum* and *Nux vomica* referred to, we shall find certain constant phenomena characterizing both the constipation and the diarrhœa, and which would determine the prescription almost without reference to the excretion.

The *Veratrum* diarrhœa is uncontrolled and almost unnoticed by the patient, liquid fœces escaping with the flatus. Here we have a paretic and anæsthetic state of the rectum and sphincter. The *Veratrum* constipation exists solely because the rectum does not perform its expulsive function, and is not, as normally it should be, irritated thereto by the presence of fœces. Here likewise is a paretic and anæsthetic condition. But *Veratrum* is not fully indicated in either case without the characteristic general symptoms: general depression of vitality; predominant coldness of the body; pallor, and cold sweat of the forehead, or of the whole body, on slight emotion or exertion, as, for example, on having a diarrhœic stool or making the ineffectual effort to have a stool if constipated.

Both the constipation and the diarrhœa of *Nux vom.* are characterized by increased but uncoordinated activity of the intestine, evinced by tormina and tenesmus, and frequent, insufficient stools; so that the condition of intestinal action is the same, whether there be, as in one case a *minus*, and as in the other, a *plus* of excretion; and, indeed, in the *Nux vomica* patient these conditions often alternate. These remarks and instances will sufficiently illustrate my conclusions, viz.:

That the appearance or non-appearance of opposed series among the symptoms of a drug depends chiefly, if not altogether, upon the dose in which the drug was proved; and that the question of the constant and necessary appearance of such series cannot be determined until experiments with a uniform and the least possible dose shall have been made by many provers with the same drug, and in the case of many

drugs, and therefore that, 1st. Although in our *Materia Medica*, as it now exists, pathogeneses do present certain series of symptoms more or less opposed, nevertheless, excluding the symptoms of the agony which are not available in practice, inasmuch as these series of symptoms occur in different orders in different provers according to dose or idiosyncrasy, no sound practical distinction can be drawn between them, based on assumed difference of nature, by virtue of which they can be designated respectively as primary and secondary.

2d. That symptoms, apparently opposed (not including those of the agony) occurring in a drug proving are equally available as guides in the selection of remedies.

Coming now to the special subject of this paper, I justify the length at which the preliminary subjects have been discussed by the suggestion that, if I have shown that there is no basis for a division of drug symptoms into primary and secondary, I have thereby shown the impossibility of a law of dose based on such a division. Or, if admitting that in pathogeneses there do appear groups of symptoms apparently opposed, I have shown that these refer only to certain functions, and by no means embrace, or could be made to include, the symptoms of the entire organism. I have thereby shown that an alleged law of dose based on the existence of these groups, must necessarily be partial, and therefore devoid of that generality of application to the entire pathogenesis which alone would justify the appellation "LAW;" and I claim to have shown these things.

In 1844, Dr. C. Hering in a letter to the German Central Verein in session at Magdeburgh (*N. Archiv.*, 21, 3, 166) rejects Hahnemann's explanation of primary and secondary symptoms. He admits that there are in every proving primary and secondary symptoms, in the sense that some symptoms appear earlier and others later in the course of the proving, but affirms that although these may appear to be opposed to each other, they are all to be regarded as drug symptoms, and as such are to be made the basis of prescriptions. He gives instances of such prescriptions in the cases of *Conium*, *Opium*, and *Mercury*. Indeed, he says that the longer-lasting, more permanent and more opposed to the earlier these later symptoms are, the more useful are they in practice. He says further, that "the course of the drug-disease (in proving) must correspond with that of the disease to be treated." Hering further states that "all symptoms which arise in provings of

the higher potencies are similar to the later effects of the lower or so-called stronger doses, and are not like the *first* effects of strong doses." He adds that the great characteristics of remedies [as we have seen in the cases of *Nux vom.*, *Veratrum*, etc.], accompany both the earlier and later symptoms, *e. g.*, the *burning* of *Arsenic*.

From these considerations, Hering deduces the following law of dose:

"Having chosen the remedy according to the symptoms of a case from the complete correspondence of the characteristics in disease and drug, we have only to consider whether the symptoms of the case generally have more resemblance to the earlier (primary) symptoms of the drug, and then we give the lower potencies; or more resemblance to the later (secondary) effects, that is to the symptoms produced by the higher-potency provings, and then we give the higher."

It may be said that this is simply saying: Prescribe doses analogous to those which produced, in the proving, the symptoms presented by the case under treatment. But it amounts to a great deal more, for by showing that the symptoms produced in provings by small doses correspond with the later effects of large doses, it enables us to infer the effects of small doses in cases where provings have been conducted with large doses only.

In 1860, Dr. E. M. Hale published an elaborate article in the *N. A. J. of H.*, vol. ix, on "The Dose," in which he expresses the belief that he has discovered the long-desired law by which "the proper dose for each case may be selected with as much certainty as the proper remedy," as follows:

"In any case of disease we must select a remedy whose primary and secondary symptoms correspond with those of the malady to be treated," and

"If the primary symptoms of a disease are present, and we are combating them with a remedy whose primary symptoms correspond, we must make the dose the smallest compatible with reason; and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, we must use as large a dose as we can with safety."

These propositions rest on the assumption that all drugs produce and all diseases present two series of symptoms, primary and secondary, and that in one or other of these classes is embraced every symptom of drug or disease. I have expressed my dissent from this view, and given reasons for

thinking that a distinction between primary and secondary symptoms, if ever justifiable, is, at most, applicable to but a portion of the symptoms of each drug. It cannot, if I am correct, be made the basis of a *general* law.

Dr. Hale illustrates his meaning by referring to Aconite, the primary symptoms of which, he says, "correspond perfectly with the *chilly stage of all fevers*," while the secondary symptoms of Aconite "correspond with the hot stage of fever." He therefore recommends a small dose of a dilution of Aconite during the chilly stage, and large doses of the tincture or 1st decimal during the hot stage, and relates results of such treatment, which seem to have satisfied him, but would hardly have satisfied me.

Again, he tells us that the primary symptoms of a group of remedies, of which Cinchona, Ferrum, Conium, Nux vom., and Ignatia are members, are such as to denote that these drugs first "increase the tone and strength of the muscular or nervous systems, impart vitality and vigor to the functions of the vital organs;" and that their secondary effects are to cause "a peculiar atony, a condition of deficient vitality, and a cachexia of a more or less obstinate character." And, stating further, that an outbreak of intermittent fever is always preceded by "an era of good feeling," a condition of exalted muscular and nervous tone and vigor, he regards this as the primary stage of that disease, to be treated, when recognized, therefore, by small doses of Cinchona. The outbreak of paroxysmal fever is regarded by Hale as belonging to the secondary series of symptoms, and therefore to be treated by as large doses of Cinchona as may safely be given.

In a paper presented to this Institute in 1874, Dr. Hale reiterates these views in substance and reaffirms this alleged "law of dose." He illustrates the two alleged series of symptoms in disease called primary and secondary by the instance of inflammation of the urinary passages, in which congestion and arrested secretion with fever and pain appear first, and are succeeded by profuse secretion or suppuration, prostration and cessation of pain, etc. And he affirms that the group of cognate drugs of which Cantharis may be the representative, presents similar series of primary and secondary symptoms.

Considering, first of all, the last illustration, it is true that the process of inflammation consists of several successive steps, "accelerated and increased circulation, followed by retarded and diminished circulation, exudation of liquor sanguinis,

emigration of leucocytes and stasis," and it is true that the earlier steps are prior to the later, but they are equally successive and necessary steps in a uniform and definite process, and nothing justifies the drawing a line anywhere in the process, and affirming that all that lies behind the line belongs to a different and opposite series to that which lies in front of it. Nor can I recognize in drug-provings any such opposed series. Neither Hahnemann's provings of Cinchona and Ferrum, nor Hahnemann's and Harley's proving of Conium, nor Hahnemann's provings of Nux vom. and Ignatia seem to me to support the allegations of Dr. Hale.

Alluding now to Hale's remarks upon Aconite, I refer to my quotations of Hahnemann, Rothausl, Zlatarovich and Sharp, which show that Aconite does not produce a distinct chilly stage first, followed by continued heat, but, as Hahnemann says, are "alternating conditions made up of shivering or cold and heat, and recurring frequently or at longer intervals." So that while I will not deny that Dr. Hale prescribed as he says he did, and with the results which he describes, I do affirm that the pathogenesis of Aconite affords no grounds for the theory on which he says he acted, or which he deduced from his action.

And, if I may deviate for an instant from the subject strictly under discussion, these statements about Aconite and its application suggest the fact that many prescriptions professedly homœopathic are really made *ex usu in morbis*, and are not based on a strict individualization of the case, and a selection of the drug whose symptoms correspond to it. Aconite, having early acquired a reputation as a remedy in febrile conditions, is too often given in routine fashion, "in all fevers" (to use Dr. Hale's phrase), and therefore in many cases in which the symptoms do not at all indicate it. For, as even Hahnemann warned us, "it is not in every case presenting febrile symptoms that Aconite is homœopathically indicated;" and therefore it cannot truly be said to correspond to the "chilly" or any other "stage of all fevers." Given when the patient is quiet, lies still, is tranquil in mind and hopeful or patient, it will not remove the symptoms as a homœopathically selected remedy would do. Nor is it indicated by a similarity of symptoms in any save a small minority, if in any, of the intermittent, remittent or continued fevers which so often prevail in different parts of our country, nor in the febrile con-

dition which persists when parenchymatous inflammation is established in any important organ.

It was my purpose to follow and analyze the statements and arguments of this writer on this important subject, but I find that I cannot do so. His premises consist of citations from allopathic writers, which seem to me to be statements based on observations of the action of drugs in large doses on the sick and on theoretical deductions from these observations, and which certainly bear little or no resemblance to the pathogeneses of the *Materia Medica pura* on which I have been wont to rely for a knowledge of drug-effects, but to which my colleague rarely refers. His allusions to treatment seem to me to be of a very generic character, based on assumptions of the pathological nature of the disease in question, and consisting of an application of drugs according to a vague and general resemblance of assumed pathological conditions. In all of this I fail to see any allusion to or any place for the strict individualization of cases, which is the very essence of sound homœopathic treatment. In studying these papers, in fact, I hardly realize that I am perusing the works of a practical homœopathist, according to my conception of Hahnemann's idea of homœopathic practice, and I perceive, to my dismay, that I do not stand on common ground with the author to the extent necessary to make possible a further discussion of his treatment of the question at issue.

I must content myself, therefore, with the simple statement that my own observation and experience do not enable me to corroborate Dr. Hale's statement of the "Law of the Dose," based on the distinction of primary and secondary symptoms. Where Aconite has been truly indicated by the symptoms of the case, I have seen prompt relief follow the administration of a high potency, given when the patient was in the hot stage, and likewise when in the chilly stage; and in both, the effect has appeared in a much shorter time than Dr. Hale's remarks would lead one to anticipate.

In the treatment both of constipation and of dysenteric diarrhœa by *Nux vomica* in cases in which the characteristics of *Nux vomica* were present, the higher potencies have been equally efficient, leaving nothing to be desired, and the same may be said of *Veratrum album* in diarrhœa and in constipation, when the characteristics of that drug were present.

It may be, and I am inclined to believe, that the law proposed by Dr. Hering may be found to represent the facts; but

for its demonstration and its general application in practice, we need a much more complete *Materia Medica* than has yet been furnished us.

In conclusion of this branch of the subject, I think that no law for the determination of the dose can be deduced from the relation of opposition or contrariety on the basis of which symptoms have been divided into series of *primary* and *secondary*.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE March meeting of this association was held in Syracuse on Thursday the 16th instant. President Gwynn called the meeting to order. After reporting the proceedings of the last meeting, the Secretary read the following discriminative paper on Spinants:

SPINAL REMEDIES CHARACTERIZED.

BY J. T. GREENLEAF, M.D.

In an attempt to catch that glimpse of each one of this group which will give us an individual characteristic picture, we must notice the differences between them in the things in which they seem similar to the general observer. *Nux* is a slim fellow, broad-shouldered possibly, but thin-chested; a great deal of activity of brain, and, in fact, too much so for his body, which is *dry tissue*d; thin muscles, but hard, almost scrawny; steps quick and rather short. Plain is it to see that such a man must live by his brain—sedentary employment. He is vehement; will go through with what is undertaken at any cost, and then suffer afterwards. Tired and drowsy in the evening; sleeps well till the *body* is rested, 2 or 3 A.M., then wakes to think and worry about the work of the coming day till daylight, and then falls asleep, to wake from the short nap cross and unrefreshed.

Ignatia is a female *Nux* in many respects; is weaker in nearly everything; has not the determined tenacity of *Nux*; is vacillating and irresolute; never breaks out into passion or any very positive emotion; likes to brood over imaginary wrongs in solitude; is an imitator of *Nux*. Only some abso-

lute touch will bring on convulsions with Nux. Ignatia will exhibit her rapid alternations of contraction and relaxation at the presence of a strong smell, but only a few times; then something else will be needed to re-establish the convulsions, which, in their turn, will be superseded by something else again. A well-selected remedy will relieve a pain in an Ignatia patient, only to have it appear in a new place with redoubled vigor. Attack it again, and it will meet you behind an unexplainable dyspnœa, or alarming paraplegia, or excruciating clonus hystericus. From the male Ignatia may I be delivered! How he whines about his stomach! Now it is his heart; he wants to know if he hadn't better make his will, when his pulse is as regular as your own. Next he has an organic disease of his brain; "if he *should* go crazy" to what asylum will you advise his friends to send him.

Cocculus will prove a remedy which will do most bravely what no other will do. It has a most miraculous affinity for the ailments, brought on by passive motion, which disturb the serenity of many people. The car, the ship, and the easy-carriage so disturb many brains as to render vertigo, nausea, and in many cases quite sudden syncope, which cannot be attributed to anything else than the motion of the vehicle, a constant accompaniment on even a short journey. Many pregnant women are nauseated when riding in a carriage, who are not so affected when unincumbered with a human embryo.

Conium is a remedy which attacks the spinal cord in the lower part first, and rises gradually to the nerves which control respiration, and kills by asphyxia. Is the best stimulant for a worn-out system in which the process of destruction is slow, but none the less sure. Is the old people's remedy.

The vertigo of Nux is persistent, and will make the patient catch at something to save from falling, so real seems the motion of things about him. Ignatia does not have any vertigo. That of Cocculus is accompanied by nausea and vomiting; is worse every time the head is raised from the pillow; ceases when the patient lies down again. Conium has a vertigo with tendency to fall to the *left*; is always brought on by any motion, even turning the head upon the pillow. The patient wants to keep *perfectly* still.

When the overexcitability of Nux has worn out the nervous vitality of the system, paralysis ensues; is characterized by coldness of the parts; can always be traced to a lowering

of vital force, or waste of vital energy by some continual drain, and the history of the case will show that a condition of great excitability has preceded it.

The paralysis of Ignatia is nearly always hysterical, and has appeared suddenly without warning. Of the paralysis of Cocculus I can say nothing, as I have had no experience with it in that malady. For the paralysis of old people following apoplexy, with more or less vertigo, Conium will be found curative in many cases; also for that of younger people, when caused by a bruise or shock of the spine. As a remedy for tetanus Nux stands alone in this group. The dwindling of the mammary gland in spinal affections belongs only to Conium. Conium only has any reliable skin symptoms.

Nux is valuable in constipation only when there is urging to stool without result. Many a time, even to the most skilful of us, some member of a family, out of whose number one has passed away, in spite of their efforts and ours, will apply for something which will bring sleep to their eyes, and in that sleep "surcease" of sorrow. Ignatia will do for such a person, and for the physician who prescribes it, a great favor. It will bring the required sleep.

Æsculus hip. has been in my hands a reliever of hæmorrhoids, and has palliated the pain in the lumbar region, caused by spinal irritation, coming on immediately after the menstrual flow had ceased. Beyond that I know but little of this remedy. A case which indicated Conium (vertigo, etc., following apoplexy) seemed to be benefited by it for a time, but became quite troublesome again in spite of the remedy, but it yielded finally and completely to Æsculus glab. In the use of spinal remedies in spinal irritation and the many accompanying symptoms, one dose of the 200th every twenty-four hours has been sufficient in my hands.

Discussion on Spinants.

Drs. Nash and Warren found Nux curative in constipation only when attended with urgency.

Dr. Nash. Though Nux vom. is often used in this complaint, it is curative only when there is frequent but ineffectual urgency, a high potency being more effectual than the lower potencies. When there is no urgency a strong dose will give relief, but this is merely temporary, because it is the primary effect of the drug. The complaint is sure to return.

The reason is that Nux causes irregular and inharmonious action of the intestinal muscles. When there is no urgency some other remedy must be sought. Dr. Nash reported cases of labor with severe but inharmonious pains or contractions, attended with an urgency to urinate. Nux regulated the pains, rendering them effectual.

Dr. Miller. According to Dr. Dunham's analysis, Bryonia is preferable in constipation when there is no urgency.

Dr. Gwynn. *Æsculus hip.* cures a lameness in sacro-iliac region and bearing down in uterine region. Very many practitioners find it useful in difficulties of the pelvic cavity.

ACONITE AND OTHER FEBRILE REMEDIES.

The Secretary read the following paper:

ACONITE AS A FEBRILE REMEDY.

BY H. V. MILLER, M.D.

Though the ardent admirers of Hempel seem disposed to greatly overestimate the curative virtues of Aconite, it is the leading antiphlogistic remedy, the term antiphlogistic being defined a remedy for inflammatory fever as well as for an inflammation. Hyperæmia is a local plethora from capillary congestion to a part, whereas inflammation implies not only sanguineous congestion to a part, but also an altered nutrition of the bloodvessels and surrounding tissues. Hence a fever must also depend upon altered nutrition of the tissues, and it may be either of a sthenic or asthenic form. When asthenic there is extensive organic lesion. Aconite is called the great synochal remedy, synocha being a continued fever with increased heat, quick, strong, and hard pulse, high-colored urine, and mind slightly disturbed. Aconite then is a synochal remedy, characterized by great thirst, restlessness and anxiety. Or it is indicated in sthenic forms of fever with full, hard, frequent pulse, dry skin, frequent but scanty urination, nervous restlessness, and anxious impatience. These symptoms are to be found chiefly in the primary stage of fever, and they are caused by arterial excitement. After an inflammation has become localized Aconite is seldom indicated, because then these peculiar symptoms of arterial excitement usually no longer exist. If indicated at all in such cases it is but for a short time, and then another remedy is

required to complete the cure. But there are some exceptions to this rule. Aconite is often indicated in croup, pleurisy, and inflammatory rheumatism, although in those diseases the inflammation is localized. It may complete the cure of some cases, but it is often to be followed by another remedy. Aconite may be locally indicated in croup by cough, with loud breathing during expiration, not during inspiration; and in pleurisy it may be locally indicated by stitches in the chest hindering breathing, or by an inability to freely expand the chest (compare Apis and Bryonia). When stitching pleuritic pains are aggravated by the least motion, the febrile symptoms indicative of arterial excitement being less prominent, Bryonia or Kali carb. is the remedy. In inflammatory rheumatism Aconite is indicated by synochal fever, with thirst, restlessness, etc., and Bryonia by sharp pains, worse from the least motion; also by the temperament, thirst and form of constipation belonging to this remedy.

Hahnemann observes that after giving Aconite a few hours, another remedy is frequently indicated to complete the cure, but that in such cases Aconite will seldom be again required. The great founder of homœopathy almost invariably prescribed the single remedy, and not unfrequently the single dose. In three or four hours a single dose of this remedy in his hands often removed all danger from violent cases of synochal fever.

Morally, Aconite is characterized by great sadness or a fitful mood, now grave and now gay, great restlessness, anxiety, impatience, and fear of approaching death. It is the remedy generally for diseases caused by fright, the fear remaining. The Aconite patient can not bear the pain (*Coffea*) on account of hyperæsthesia of the sensory nerves. It is also characterized by hyperæsthesia of the special senses (*Belladonna*), sensitiveness to touch, light, noise and smells. The restlessness, anxiety and fear of death may be due in part to this hyperæsthesia of the sensory nerves, but more perhaps to oppression of the chest and heart, palpitation of the heart, and stitches in the cardiac region. It has produced convulsive movements in the right auricle of the heart. It has pressive pain in the cardiac region, with palpitation of the heart, great anxiety and restlessness.

The cerebral symptoms of Aconite are almost always less violent than those of *Belladonna*. There are less fulness, pressure, throbbing of the carotids, and expansive pains as if

the head would split. And as distinguished from Belladonna, its cerebral symptoms are often attended with moaning, lamentations and fear of death. On rising, the red cheeks turn pale, or there are vertigo, nausea and vanishing of sight. (See Bryonia.)

Aconite is adapted to plethoric subjects, and it is curative in acute diseases, occasioned by dry, cold air. Its effects are generally sudden and violent. Its debility comes on suddenly.

The Aconite-fever is characterized by erethism or irritation and augmentation of the febrile phenomena, which are violent. The pulse is usually full, hard and frequent. There are burning heat, great thirst, groaning and agonized tossing about. The voluntary and involuntary muscles are but slightly affected. Gelseminum may be indicated in infantile remittent fever without thirst, with evening exacerbation of febrile heat and morning abatement of fever without perspiration. Belladonna is characterized by erethism, but as compared with Aconite it has more cerebral excitement and congestion, and much less thirst, restlessness and anxious tossing about. But these remedies are not appropriate in typhoid forms of fever, distinguished by prostration and torpor of the vital forces caused by blood-poisoning. Remedies suitable in typhoid fever are characterized by prostration, like Bryonia, Baptisia, Lachesis, Lycopodium, Rhus and Sulphur. The Aconite pulse may also be slow and thread-like or intermittent, or slow while the heart beats rapidly, like Digitalis. Various drugs retard the pulse, *e. g.*, Colchicum, Digitalis, Veratrum album and Veratrum viride. But temporarily retarding the pulse is not necessarily curing a fever. Digitalis enfeebles the muscular walls of the heart, as indicated by its slow pulse when recumbent and very rapid pulse when standing (also Iodium).

The fevers and inflammatory diseases curable by Aconite are developed suddenly as well as violently, and are often occasioned by exposure to dry, cold air, resulting in a sudden suppression of the sensible or the insensible perspiration, and followed by a violent chill. The chilliness may be external, being located in the superficial capillaries, while the heat is internal. Hence there is chilliness from the least movement and from being uncovered. The chills may commence in the back or limbs. During the heat, which is dry, there is great thirst and anxiety, and the patient throws off the clothes

[Hyoscyamus, the patient uncovers in delirium—Camphor and Secale, in spite of eternal coldness]. There may be a feeling of great prostration, particularly in the extremities, but there is no blood-poisoning. The febrile symptoms are worse towards night, and almost intolerable on going to bed. The perspiration is variable. It may be warm and steaming, cold and clammy, or like Bryonia, sour-smelling as in rheumatism. With profuse sweat there may be diarrhoea and increased flow of urine, indicating an excess of serum in the blood. Aconite may produce copious perspiration and micturition, as well as copious watery vomiting and diarrhoea. But in reducing a fever it does not act simply as a sudorific, but specifically upon the heart, arteries and vaso-motor nerves. Hence, when indicated in febrile conditions, it proves curative whether it produces perspiration or not.

Discussion.

Dr. Gwynn generally depended on Aconite in the first stage of croup. He believed it would cure nine-tenths of the cases of croup in the first stage, with febrile excitement. He and the other members present generally used this remedy in inflammatory diseases, first stages, when there was great arterial excitement. It was often alternated with some other apparently indicated remedy. He feared to prescribe Aconite in a fever with typhoid tendency, or in a case that might prove to be typhoid. When he was a student in Philadelphia, one of the professors of the college treated a case of fever a week with Aconite. The patient grew worse and then fell into the hands of Dr. Lippe, who treated the case afterwards as cerebral typhus. Finally the case proved fatal.

Dr. Lippe taught that Aconite given in early stages tended to spoil a case of typhoid fever. But if college professors were liable to make such mistakes how could young practitioners be expected to avoid them?

Dr. Seward stated that there was no danger in giving Aconite in fevers when the symptoms corresponded with this remedy. Typhoid fevers do not present symptoms of arterial excitement such as are found in Aconite fevers. This is the great distinction that physicians should make in prescribing for febrile conditions.

Dr. Nash. Cures are sometimes attributed to the wrong remedy. Remedies may be used too low, producing an ag-

gravation. After omitting the drug and using another, the proper reaction may follow from the first remedy.

Dr. Doane used Aconite as a synochal remedy. It was his main remedy in croup and pleurisy, and he had treated pneumonia successfully with it alone.

He considered Aconite a splendid remedy, and he often prescribed it in fevers or in any disease presenting Aconite symptoms. With Aconite he reported the speedy cure of a case of neuralgia in the eye. The onset of the pain was attended with redness and congestion of the conjunctiva. He gave his experience in the treatment of a case of Arsenic poisoning of six years' standing. He found indications for Arsenicum, great prostration, burning pains in the bowels, thirst, restlessness, and he gave Arsenicum. Pain grew worse, went higher; patient continued to grow worse. Finally he gave the patient up to die. He said he was this time disappointed in the results of homœopathy. Said the sister, "What remedy, Doctor, did you give?" He replied, "Arsenicum." Said she, "There is no use in giving that remedy, since she has been taking Fowler's solution of arsenic for six years, prescribed as a malarial tonic by a Philadelphia physician." As an antidote he prescribed China with brilliant results and cure in a few months. Said the attending physician about the cure, "This was a wonderful dispensation of Providence." "Then," replied Dr. Doane, "why have you stood with your pill-bags six years in the way of Providence?"

In a case of tetanus following the extraction of a tooth, Nux 100 was given through the aperture where the tooth was extracted. Next day the 200th. Cure in three days.

He used Conium 12 for violent stitches in the heart with palpitation.

He reported a case of severe ptialism, caused by *Mercurius vivus*. It was one of the worst cases he ever saw.

Dr. Brewster gave Aconite in fevers with full, strong, but slow pulse. The pulse is not generally very rapid.

Dr. Seward. There cannot be much arterial excitement without a full, hard and rapid pulse.

Dr. Nash. *Veratrum viride* and some other drugs retard the pulse, but this primary effect soon subsides, and it is not curative. It may cure in fevers with frequent pulse as recommended by Dr. Guernsey. A frequent pulse is the secondary reaction, which is the curative effect. The conditions of the febrile symptoms must be considered in order to make

an accurate curative prescription. The first effect of Opium is to produce sleep; the secondary effect is wakefulness. Coffea is the reverse. The first effect is cerebral excitement and wakefulness; the secondary effect is to produce sleep. If a patient be first sleepy and afterwards wakeful, Opium may be the remedy. In the opposite condition, Coffea may be indicated, and so on.

Hale's indications for cure are based upon the primary action of drugs, which is merely palliative.

Dr. Brewster. The founder of homœopathy says that in inflammatory diseases, Aconite may be given without injury. But in nervous fevers Aconite is usually not appropriate, and it may do injury. The first stage of ordinary inflammation is congestion with strong and full pulse. In such conditions Aconite is appropriate. In enteritis at first the pulse is strong and full. In six hours it may be so small that it cannot be counted. Yet in a few hours with Aconite, the pulse may come up again. In a case of sunstroke, with face bloated, dark red, pulse slow, unconsciousness, inability to swallow, Aconite alone cured in one day. On account of complications it is at first sometimes difficult to select the right remedy.

Case of neuralgia in right eye, two weeks, almost paralyzing the sight. There was anxiety, the patient walked the floor. Aconite cured. Aconite produces venous congestion, Belladonna arterial.

Dr. Nash. Aconite produces arterial excitement and congestion; Belladonna, venous congestion of conjunctiva.

In regard to potencies he said that in hepatic diseases, larger doses may be needed. In nervous diseases higher potencies are required. Aconite primarily causes depression and then excitement. Hence it is curative in conditions of excitement or erethism.

He reported a case of hæmorrhoids made intolerable by walking, cured by Causticum.

Dr. Wallace never succeeded with Baptisia in aborting typhoid fever in early stages. Its sphere was in the stage of prostration.

Drs. Griffith and Nash had found cases of great prostration and depression in early stages. It seemed as if the muscles would not obey the will. Such cases Gels. 30 cured. In later stages, with great prostration, offensive sweat, urine and diarrhœic stools, heavily coated tongue and bad breath, Baptisia was most useful.

Dr. Garrison reported a case of poisoning by Gelseminum θ given in five-drop doses once in two hours for facial neuralgia. Each dose produced blindness. When partially recovering sight, the subject had diplopia.

On motion, the society adopted a resolution recommending Congress to adopt the metrical system of weights and measures. Subject for discussion at the next June meeting, "Baptisia and Gelseminum."

Adjourned to the 15th of June.

THE TREATMENT OF DYSPEPSIA.

BY DR. A. CHARGÉ,

(Translated by S. Lilienthal, M.D.)

Æsculus hipp.—For hæmorrhoidal patients. Vivid pains in the stomach after eating, lasting from one meal to another. Fulness; burning in stomach; nausea, vomituration and violent vomiting. Empty eructations, or bringing up thick phlegm. Heaviness; *pricking in the hepatic region*, existing at the same time with pains between the shoulders, the whole length of the spinal column. The pain in the liver is increased by a deep inspiration and by walking. The spleen is also sensitive. Bloatedness of the abdomen, *colic around the navel*, and incisive pains around the anus. Incessant desire to go to stool, provoked by a pressure behind, and accompanied by pruritus and by a sensation of ulceration in the anus. Hæmorrhoidal tumors hard, round, very prominent, of a violet color, and very painful. Bilious temperament; melancholy; he feels himself very sick, ill-humored; lassitude, no desire to work; distress in the head, with throbbing; confusion of ideas.

Agaricus musc.—Epigastric pain, commencing to be felt about three hours after eating, and daily renewing itself about the same time after the meal. This pain consists in a sensation of burning, soon changing to a sensation of deep pressure as if a foreign body were inside, accompanied by nausea and vomiting, and by a feeling of obstruction in the throat. Stitches in the hypochondria and around the navel; borborygmi, colic, constipation, during the paroxysms often convulsive motions of the face and extremities; lips cyanosed, and a little foam around the corners of the lips; weak, nervous subjects, with small, weak, and rapid pulse.

Concomitant symptoms: The tongue is pitted at the tip,

and saburral in the centre. The epithelium is raised here and there in patches, and the denuded parts are painful. Great thirst; numbness of the left side of the tongue; sensation of chilliness on the scalp; *vertigo with pale face, with tendency to fall forwards*. Lively in conversation, but the least mental exertion causes infallibly dizziness. Objects vacillate before him. Nearly an amaurotic weakness with *muscæ volitantes*.

Allium sativa.—No appetite; disgust for all food, and still repeated faint feeling in the stomach, so that he wants immediately some nourishment, and this especially in the morning when waking up. Tongue pale red, smooth at the surface; papillæ effaced. After eating, burning eructations, causing a copious salivation; efforts to vomit with retraction of the abdomen; heat in the stomach, which is very painful to pressure; stitches in the stomach, tearing and pinching around the navel. Heaviness in the lower abdomen, immediately after a meal, though he has no desire to go to stool. Frequent soft stools during the day without being diarrhœic, and where they are diarrhœic the stools are passed about three o'clock in the morning, preceded, accompanied and followed by griping in the bowels. During the night thirst prevents sleep. The patient is downhearted when alone; he is full of anxiety, impatient, and all his ramblings aim at imaginary fears.

Alumina.—Dryness is the great characteristic of this remedy. Thus we meet stomachs which act poorly from deficiency in gastric juice. Here Pepsine acts well, and here Alumina is indicated. Another indication is found in the chronic indurated glandular engorgements of scrofulous origin. We find commonly irregular appetite, sometimes none at all, at other times excessive. Frequent nausea and eructations. *Stubborn constipation from inertia and dryness of the rectum*. *Pruritus ani*.

Ammonium mur.—With lymphatic subjects with soft skin and without energy. Bitter eructations; thirst only quenched by lemonade. Regurgitation of the food; hawking up mucus the whole morning, which tastes sour. Nausea after a meal; heat and fulness of the stomach. The epigastric pains set in immediately after eating. Heaviness of the liver; bloatedness of the abdomen. Stools soft, glairy, or hard, followed by tenesmus, and in either case covered by mucus. We find here again the characteristic of all Ammonium salts, the mucous secretions augmented and retained; burning and smarting of the anus after every stool. Frequent paroxysms of fever;

pulse small, soft and accelerated; lassitude increased by the least exercise. Sleep troubled by frightful or lascivious dreams; when waking up, usually about 3 A.M., he cannot fall asleep again.

Anacardium gives us everywhere prostration of the nervous system; here in the stomach where we find no other appreciable lesion than functional languor. The stomach has lost its activity in consequence of a nervous exhaustion, caused especially by excessive study, and *Anacardium* is here specific, just as China is specific where the exhaustion is caused by the loss of the organic elements.

Another consideration is that the weakness of *Anacardium* is always joined to nervous disorder. Our patient, therefore, feels a constant desire to eat; food eases him momentarily, but the hunger is never assuaged; at night he has to get up to eat something. Bizarre hallucinations, as he sees a demon who pursues him; he believes himself a demon.

Antimonium crudum.—In consequence of eating too much, or too succulent or too fat viands, in children, women, and old people. Tongue white, with a milk-white coating; painful sensation of fulness of the stomach; the stomach is sensitive to pressure; loss of appetite. During the slow digestion fetid eructations, bitter, or tasting after the food. Nausea, and sometimes vomiting; dryness of the mouth, with great thirst, *especially at night*. Mucus in the throat forces him to hawk; fetid flatus; mucous discharges per anum; constipation alternating with diarrhoea; in the same stool solid and fluid fæces.

Concomitant symptoms: Cutaneous eruptions, with very thick, brown or black, crusts; pustules, ulcers, urticaria, large callosities on the sole of the foot, round, flattened in their centre, and becoming thinner towards the edges where they pass over on the skin; these callosities render walking painful.

Ascarides vermicularis et lumbricoides; chronic catarrh of the bladder, with sedimentitious, foul-smelling urine, and sometimes painful micturition. The dyspeptics who cannot stand the heat of the summer, who cannot at that season perform the least work, and who perspire greatly at night—they are sleepy in daytime.

Arnica.—Sensation of lassitude or of fatigue; restlessness, and agitation after a meal; burning heat in the pit of the stomach; frequent eructations smelling of sulphuretted hydrogen. Bad taste when waking up; sour taste constantly in the mouth; all that he eats tastes sour. Tongue thick, brown; repug-

nance to milk, to meat, to fat soup; complete inappetence; he wishes only for vinegar. After eating, nausea; repeated efforts to vomit without result, or bilious vomiting; fulness of the stomach, and pressure as from a stone; cramps, stitches, burning; a bruised pain on the sides of the abdomen; gurgling; tendency to diarrhœa; yellow or bloody diarrhœic stools; sometimes stools containing half-digested food.

Concomitant symptoms: Plethoric temperament, *with greatly colored face*. Rush of blood to the head or chest, with sensation of heat therein, and of coldness in all other parts; rheumatoid pains in different parts of the body, characterized by a sensation of distension and bruises as if he had rested on some hard place; aggravation by motion; sleeplessness; he constantly changes his position; dizziness, everything turns around with him, and headache, the brain seems to be compressed; obscurity of sight, especially when ascending, moving the head, or walking. *A constant succession of small furuncles*. Traumatismus.

Arsenicum.—Burning heat in the stomach and abdomen, epigastric swelling with great painfulness to pressure, and even to contact; sensation as if the stomach were full of water, bitter taste, bitter regurgitations; nausea, vomiting and diarrhœa, especially after drinking cold or acidulated water. *Relief from hot drinks*. Diarrhœa, preceded by violent colic, and followed by violent pains in the anus. Great thirst, but the patient can only drink small quantities at a time; sensation of emptiness in the stomach, so that he wants food, and still does not feel like eating when set before him; disgust for animal food. Anguish, sorrowfulness, discouragement, with disgust of life; sudden and excessive weakness; sensation of faintness, which cannot be explained either by the intensity of the suffering or by the duration of the disease; cold extremities; cold skin.

The dyspepsia is caused by the immoderate use of ice in some form or another, by vinegar, from the abuse of tobacco or of acid, fermented, alcoholic beverages.

Asafoetida.—Enormous meteorismus of the stomach, and great difficulty of bringing up the wind; rancid eructations.

Aurum.—The thoughts of suicide are looked upon with pleasure. Where we meet this symptom, the dyspepsia and all complications are removed by this remedy.

Baptisia.—Irritation of the stomach, showing itself by violent pains appearing at short intervals over the whole cardiac region, with anguish and a burning sensation. *The*

tongue is brown in the centre and red at the edges. Acid eructations; nausea with painful vomiting, or tendency to vomit without any nausea; frequent, small, diarrhœic stools, but excessively fetid; pain in the liver. During excessive prostration of the stomach consecutive to typhoid fever, especially where we also find general debility, trembling, weak, soft pulse, atony of all the functions, undefinable malaise, so that the least mental or bodily occupation is impossible.

Bismuthum.—Tongue white or red, *sweetish and metallic taste*; copious and continuous secretion of a thick saliva, brown and of a metallic taste; sensation of excoriation in the whole mouth; swelling and sensitiveness of the gums; burning heat in the throat, great thirst for cold beverages. Soon after eating, burning and pressure in epigastrium; this pressure as from a weight is circumscribed on a narrow point and forces the patient to bend his body backwards; nausea, eructations of a bad odor, vomiturations and vomiting of the food; loud borborygmi; abundant flatulency; malaise in the lower abdomen; constipation or watery, foul-smelling diarrhœa; urine abundant and limpid. *Cough when the stomach is empty.*

Bryonia.—Preferable to any other remedy during summer heat, especially moist heat. The acuteness and the recent origin of the disease constitute also a grand indication. It is useful where the patient rather lived too high, and where fruit cannot be taken without producing a painful bloating of the stomach. Dryness of the mouth and throat, the tongue covered with a yellow coating, aphthæ in the mouth; empty or bitter eructations; when eating everything tastes bitter, and on account of this bitterness he desires only stimulants; disgust for ordinary food. The whole epigastric region very sensitive, not to pressure but to the touch; great thirst for large quantities; constrictive pain at the lower end of the œsophagus; sensation of weight in the stomach as if a stone laid there. After a meal sensation of fulness, bitter vomiting of the food. Eructations during which the food rises nearly up to the stomach; obstinate constipation, differing from that of Nux by the absence of desire without result.

Concomitant symptoms: Congestive headache, frontal or occipital, aggravated by motion, the pains in the stomach also aggravated by motion; every false step causes severe pain in the left side of the epigastrium; dizziness; icteric tint of the skin and eyes; rheumatoid pains in the lumbar region and ex-

tremities; congestive state of the liver with pain in the right shoulder.

Calcareo carb.—Chronic dyspepsia, whose essential character is a double sensation of pressure and of contraction, with aggravation during the night or after sleeping. Hardly any appetite, continual thirst; taste acid, bitter, or putrid, the tongue covered with a thick, whitish-yellow coating; ptyalism, which eases the stomach. Acid eructations. *Disgust and repugnance to meat and to warm and cooked food; desire for cold victuals.* After a meal general heat, palpitation of heart, fulness of the stomach, which is sensitive to the touch; bloatedness; eructations without alleviation, oppression, debility and somnolence. Amelioration in the fresh air, aggravation in the house. Obstinate constipation in feeble subjects, with smarting in the anus, and a stool only every three or four days; stools scanty, hard, dry, in lumps; or diarrhœa in scrofulous persons, or where they suffer from marasmus; urine muddy and smarting when passing.

Concomitant symptoms: Large red nodes in the face; sensation of chilliness on the scalp, with tendency to headache; hemicrania every morning when waking up; very sensitive to cold; he sweats easily and nearly always cold; pulse very small and weak; ill humor and anger, great apprehension, which is nearly always chimerical.

The antecedents which may decide the choice of Calc. carb. are: venereal excesses, onanism, abuse of drastics, exhaustion from antiphlogistic treatment. In women, premature menses.

Carbo veg.—It divides with Nux v. the privilege of repairing the mischief done by too high and too fast living, by excesses in alcoholic beverages, by too long watching, by excessive bleeding, purging, vomiting; its characteristic is *excessive flatulency with tendency to diarrhœa*; the abdomen is bloated up by large quantities of incarcerated flatus, with relief when passing off; the diaphragm is often pushed out of its place by the presence of gas, so that respiration becomes painful. It acts exceedingly well in old people. Acid taste, bitter in the mouth, *repugnance to meat and especially to fat. Milk is insupportable*, as it turns sour. Frequent empty, acrid or bitter eructations. Burning in the stomach, nausea in the morning, and vomiting after eating. Diarrhœic stools of an infectious odor.

Concomitant symptoms: Heaviness and dulness of the

head; great susceptibility to atmospheric changes, but aggravation from damp weather. Hiccough. He cannot bear the pressure of his clothing around the waist, sensation of pressure and fulness along the edges of the false ribs in both hypochondria. Loss of appetite as well as canine hunger are symptoms of *Carbo veg.*

Crusticum.—Dyspepsia of arthritic, rheumatic, hæmorrhoidal patients. Dryness of the mouth, with a desire to be constantly swallowing; the gums are very sensitive and bleed easily. Violent pains in the pit of the stomach, coming in paroxysms, extending downwards into the lower abdomen and radiating into the chest, the back, and even to the bones of the pelvis. Food causes immediately heaviness and cramps. Sensation of a ball rising from the stomach to the throat; the abdomen is soft, only bloated by gas; constipation. Stools hard, brown, and scanty, or diarrhœa at night, glairy and white, with tenesmus; hæmorrhoids, swollen, painful when walking, with constant pruritus ani, and pains in the rectum ameliorated by pressure and cold water; *vertigo when going to stool*; weakness, great lassitude.

Chamomilla.—Constantly great thirst, with a dry, red tongue; *bitterness of the mouth*, with rising of bile and acrid eructations; fulness after a meal, and afterwards nausea, vomiting of green, bitter masses; heat and pain in the head, as if she was on fire; red face; sensation of burning in the eyes; agitated sleep with great irritation. Bloated abdomen, colic with green, diarrhœic stools. The cause of it is anger.

Chelidonium.—Constrictive gnawing pain in the stomach, aggravated by pressure, relieved by eating, and the amelioration begins at the moment of eating and lasts during the whole gastric digestion. The tongue moderately moist, straight and pointed, with a white, thin coating; bitter taste in the mouth and still food tastes naturally; *great desire for milk, which is easily digested*; *preference for hot drinks and for hot food*, in opposition to *Calc. carb.*, where cold victuals are preferred. Continual gurgling in the abdomen; colic, retraction of the navel, with nausea, incisive intestinal pains; constipation; bright yellow stools, or white and discolored; urine deeply colored. Face pale and icteric. Affluence of morose thoughts; the patient cannot remain long in the same place. Pain on the internal lower angle of the right shoulder-blade, extending up into the chest and down to the liver.

China.—As the great tonic it finds its place everywhere.

where the organismus has become weakened, especially from hæmorrhages or too long nursing. Face pale or yellowish, the tongue foul, white, or yellow. *Continual sensation of satiety.* Pressure of the stomach and cramps, especially after eating. *Extreme slowness of digestion.* Incessant uprising, tasting after the undigested food; malaise, fulness, sleepiness, desire to lie down. Considerable bloating of the abdomen without any great colicky pains; *easy emission* of fetid flatus, followed by relief. Aggravation from farinaceous food. Sensation of coldness in the stomach, and constant desire for stimulants. Obstructed respiration. Liquid, lenteric stools immediately after eating. Urine dark-colored and heavy. Sleep frequently broken. Malaria.

Chininum sulph.—*Excessive repugnance to all food.* Pain in the stomach, neither aggravated nor relieved by outward pressure. Swelling and sensitiveness of the epigastrium. Oppression after eating, nausea, desire to sleep. Visceral obstructions, and especially *engorgement of the spleen.* General debility, with complete absence of all energy. *Somnolence in daytime.* The high dilutions counteract the evil effects of massive doses of the drug.

Cocculus.—Bilious temperament, character morose, hypochondriac. Abuse of tobacco, of coffee, of brandy, or where it is caused by too long studies. Absolute loss of appetite; saburral tongue; acid taste in the mouth, with aversion to acids; after eating, pains of contusion, of pressure, of grinding and squeezing in the pit of the stomach. Violent eructations, empty, or fetid, or tasting after the food. *Nausea, accompanied by vertigo.* Nausea with afflux of saliva. Painful vomiting of the food and of mucus, especially at night, with insomnia, headache and constipation. A chronic state of the disease.

Fel Bovis.—(*Mat. Med.*, Roth, III, 9.) Dry tongue; *eructations, borborygmi in epigastrium and in the abdomen*; flatulent dyspepsia; constipation or soft stools, when nearly done he can still press out some fecal lumps; incomplete digestion of food.

(Prof. Burdick and myself have for years employed *Fel vulpis* with great success in that form of dyspepsia based on a lassitude of the intestinal canal, hence the flatulency, the constipation, or from the decomposition of the food the foul, lenteric stools.—S. L.)

Ferrum met.—Chlorosis or anæmia. *i. e.*, increase of the

watery elements of the blood and decrease of the solids. Relaxation and debility, after an excitation which could be mistaken for exuberance of life; absence of appetite followed by bulimy; sensation of fulness of the stomach after a meal. Colicky pains in the bloated abdomen. *Vomiting immediately after eating* and at no other time. Lienteria where there is not constipation from intestinal atony.

Graphites.—Weak digestion. Bloatedness of the stomach and abdomen after a meal; flatulency; sensation of a foreign body in the stomach with constant beating; frequent eructations; foul taste; thirst, nausea, tension in the hypochondria; engorgement of the liver. Obstinate constipation with very hard stools, which can only be expelled by great efforts. Large protruding hæmorrhoidal tumors.

Concomitant symptoms: Humid or crusty eruptions, secreting a corrosive serum, behind the ears, on the scalp and in the beard. Every little scratch suppurates. Deformity and thickening of the nails. Dysmenorrhœa; menopause.

Helonias dioica.—Very great prostration of the nervous system, anæmia, pulse small and feeble, paleness and icteric color of the skin. Loss of appetite, bitter taste, constricting pressing pain in the stomach. Empty eructations, vomiting, borborygmi, and sensation as if diarrhœa would set in, but the stools are regular. Tongue red at the tip and borders, white in the centre. Pains in the kidneys; frequent and abundant urine, more in daytime than at night; painful micturition; the urine leaves in the vessel an adherent sediment of the color of lead. Albuminuria. Sorrowfulness and melancholy; the patient is so excitable that he cannot bear the least contradiction, nor receive the least observation. All conversation is disagreeable; he wishes to be let alone. He constantly complains of those around him. The dyspepsia is either symptomatic or concomitant with an affection of the kidneys or uterus. Chlorosis; amenorrhœa marked by general atony, atonic leucorrhœa or menorrhagia.

Hepar sulphur.—Complete loss of appetite, except for acids and spices. Considerable epigastric swelling, even after eating but little; it is more disagreeable than painful. Fetid eructations with sensation of burning in the throat; *nausea, especially in the morning, perhaps with sour, bilious, or slimy vomiting*; stools hard, difficult; slightly colored or white diarrhœa. After abuse of tobacco or mercurial treatment.

Concomitant symptoms: Dry eruptions, especially on the

hands. Humid eruptions in the bend of elbows and knees; chapped feet and hands; fetid sweat in the armpits. Redness and swelling of the upper eyelid; encysted tumors; the ears discharge fetid pus; crusts in the nose, eruption around the mouth, prurient blisters on the chin. Though the patient tries to keep his bowels in good order, still there is constantly something the matter with them.

Hydrastis Can.—Great lassitude, debility, exhaustion. Loss of appetite and of sleep. White tongue. Great sensitiveness of the epigastric region, where the patient feels a sensation of hollowness, of emptiness and goneness, and where even a light pressure of the hand reveals strong pulsations isochronous with the pulse. Eructations of a bitter fluid; pyrosis. Burning pains in the umbilical region, with stitches in the epigastrium *extending to the testicles*, appearing after a stool, and accompanied by great weakness. Frequent vomiting. Borborygmi. Constipation; he never has a stool without taking a laxative, and the feces are hard, knotty, and *the stool is followed by great pains and weakness*. Hæmorrhoids. Sympathetic sore throat. Anæmia, tuberculosis, chronic mucous discharges.

Ignatia.—Anger, offences, loss of fortune and of affection cause too frequently digestive troubles. Painful bloating of the abdomen after a meal, with hiccough after eating or drinking. Periodical paroxysms of cramps in the stomach; epigastrium sensitive to the touch, it feels empty, and may give rise to fainting. Stitching and lancinating in the sides of the abdomen; flatulent colic, especially at night. Hard stools, he tries frequently, but in vain, to have an evacuation; prolapsus recti when defecating; pruritus and tingling in anus. Difficult respiration, as if the chest were compressed. At night, palpitations. The patient loves solitude and repulses all consolation.

Kali bichromicum.—Heaviness of the stomach immediately after eating. Pyrosis, acid eructations. Vomiting of mouthfuls of acrid liquid; vomiting of bile instead of mucosities, preceded by great efforts and followed by hiccough, the patient feeling at the same time a coldness in the stomach and intestines. Burning the whole length of the œsophagus, bitter taste in the mouth, yellow, thickly coated tongue. Disgust for meat, which is to him less digestible than other food. Rheumatism alternating with the gastric troubles. *The mucosa of the digestive and of the respiratory organs are simul-*

taneously affected, with excessive secretion in both. Excessive weakness and small pulse. Pustular eruption, often from syphilitic origin.

HAHNEMANN ACADEMY OF MEDICINE.

REPORTED BY CLARA C. PLIMPTON, M.D., SECRETARY.

A REGULAR meeting of the Society was held at the Ophthalmic Hospital, December 22d.

Dr. Piersons read a paper on the antepartum treatment of women. He deprecated following a custom simply because it was ancient or had been handed down from some loved ancestor. He found it difficult to understand how a physician could tell a pregnant woman that her ailments were due to her condition, and must be borne with patience, until women came to the conclusion that childbearing is indeed *nine months of labor*. He believed in the efficacy of Pulsatilla in malpositions, and also the remedial efficacy of many of our remedies in threatened abortion. He considered morning sickness, although the one great trouble of the pregnant state, quite amenable to treatment; also the rheumatic complications. Many of the sufferings have lain dormant until some existing cause, as pregnancy, had roused them into activity. If more attention were paid to the ailments during that period, not only would the mother be relieved, but also healthier and better-developed children would be born. I do not believe in the ability of the mother to physically deform her child, but I do that they may deform them mentally and morally. Careful attention should be paid to diet during the pregnant state.

There followed quite a discussion upon the remedies for morning sickness. Dr. Lilienthal said some advised early abortion in very severe cases. Dr. Piersons had cured every case he had had with remedies, among which were Pulsatilla, Nux vom., Lachesis, Lac defloratum; he had no favorite remedy. Dr. Swan spoke of tobacco ashes, one woman having had no nausea after rubbing her teeth with the ashes.

Dr. Wait confirmed that remedy by a case where, after extreme prostration from vomiting, the patient was cured after smoking two or three breaths from a pipe. Dr. Wood said tobacco smoke was swallowed by allopaths for violent hiccough. Also, that support and pressure had relieved some obstinate

cases of vomiting; and that some claimed untreated rheumatism to be the cause of adherent placenta.

Dr. Lilienthal said in the Maternities in Europe they rely much upon posture, with head low and pelvis high, and produce abortion when every remedy fails and there is danger from inanition.

Dr. Wood did not think abortion justifiable, and there was some difference of opinion upon that point. Dr. Wood then gave the following case: Mrs. L., primipara, nervous temperament. Pregnant seven and a half months. I was called late in November, 1875, to attend her for accidental hæmorrhage, produced by excessive vomiting, which had been very severe for several months but not treated, supposing it to be natural. The day following I made an examination of her urine; it was fully three-fourths solid albumen. On notifying her husband of the great danger of convulsions at full term, and the need of inducing premature labor, I was met by the objection that they had been but eight months married, and their neighbors might misjudge them. I had not long to wait, however, for from the continued vomiting, the enormous waste of albumen, the consequent hydræmia and one other factor, a pre-existing hypertrophy of the heart, violent convulsions began early in the morning of December 1st. Being hastily called, and soon after arriving, fearful convulsions beginning again, I immediately resorted to chloroform, and kept her under its influence until I had produced premature delivery, which occupied about eight hours. The steps of the procedure were as follows: First. Strongly dilating the vagina after Braun's plan, using the largest size Barnes's dilator instead of Braun's. After having thus strongly stretched the vagina for more than an hour, found upon the bag's removal that the smallest Barnes's dilator could with some difficulty be placed within the os uteri; then with a Davidson's syringe, filling it to its greatest capacity with warm water, the dilatation soon enabled me to pass the second size, which burst on account of my not having measured its water capacity. After introducing the largest size, filling it slowly and leaving it in place for a long time, succeeded only in dilating to the size of a silver quarter, the cervix remaining as hard as cartilage. Eight hours under chloroform and patient suffering from an old heart disease, I dared delay no longer, so turning her to the side of the bed I injected a steady stream of warm water against the rigid os for more than thirty min-

utes; then using the index finger of each hand, dragged down and forcibly dilated the almost unyielding parts. Fortunately the irritation of the Barnes dilators within the uterus had been sufficient to induce regular and strong pains, without the least need of the catheter or any other means of provoking contractions.

After rupturing the membranes, I discovered much to my surprise a breech presentation, for I had felt perfectly sure of a vertex before that time, so I rapidly delivered the child in order to save it. With heavy pressure upon the fundus uteri by an assistant, I succeeded by hooking two fingers in the groin in dragging very steadily until the head was low in the pelvis; then, after hastily bringing down both arms and placing my finger in the child's mouth, quickly brought it into the world. Leaving the mother to the care of Dr. William N. Guernsey, who had rendered his invaluable advice and help throughout the case, I proceeded to revive the almost lifeless infant; a long and difficult task. Beside the usual means, I adopted the manner of artificial respiration suggested by an allopath, whose name I forget; placing the palm of one hand under the shoulders and neck, and the palm of the other under the back and breech, then by slowly bending the body forward and backward succeeded after a long time in establishing respiration; then wrapping the infant in warm cotton-batting, not permitting it to be washed at all, I placed it in a box containing warm bricks covered with cotton-batting, which I had ordered made ready before the birth of the child. This babe is now nearly three months old, and although bottle-fed with Nestle's farina, and but little over a seven and a half months' child, it has been perfectly well.

During the forcible delivery the cervix, which was slightly torn in dilatation, ripped down to its vaginal junction. For twenty-four hours after delivery the mother vomited without relief. Three days after the child's birth several chills of short duration occurred, the pulse running from 120-150; no abdominal tenderness could be discovered. Her temperature varied remarkably; in the morning 104°, same evening 102°. The *next* morning 102°, in the evening 104°. A masked inflammation was probable, but what was hiding it? The reason soon developed. The patient, generally hysterical, greatly mortified about the child's birth at the eighth month of her married life, and the prolonged use of chloroform, all tended to hasten the peculiar condition about to appear. Sud-

denly puerperal mania developed. Pulse 150. $\mathcal{R}.$ $\frac{1}{4}$ of a drop Veratrum vir. every hour, together with a full injection for clearing out the bowels freely, for sometimes a free emptying of the alimentary canal will cause a sudden disappearance of mania, which might be mistaken for a serious form. On the day following, having had a good night's sleep, her maniacal symptoms appeared to have entirely gone. $\mathcal{R}.$ Chloroform \mathcal{C}^m . At my evening visit, making a vaginal examination, discovered that the mania had completely masked the pain on pressure of parenchymatous metritis, and with the appearance of a very fetid discharge concluded there was endometritis also, the tearing of the cervix being sufficient to produce inflammation of the body of the uterus, even if there had been no other cause. These conditions slowly yielded to treatment with *absolute* rest. Unfortunately her mental anxiety reproduced the mania. Stramonium, Hyoscyamus, Coffea, Hepar, Lachesis, given as different conditions and symptoms appeared, procured good sleep, and seemed to ameliorate the mania, but notwithstanding good sleep and appetite, no entire absence of maniacal symptoms greeted me, so ordered her removed to her mother's home in the country for a change. At the end of about three months after confinement, although her general health is very good, the mania continues, but in a mild form.

February 23d. Learn from Dr. Wood that she is now rapidly improving.—SECRETARY.

Dr. Swan thought Belladonna high given about one week before confinement would have a marked effect in dilating the os.

Dr. Boynton. Some months ago attended a lady in confinement. Eight days after was called in haste; found suppression of lochia, milk, and urine, with great collapse, pulse full; that night she was seized with delirium, which lasted three weeks; there was no lesion; lochia was re-established; milk never. Delirium often violent, with fancies of devils, fire, etc. Stramonium θ 10 gtt. cured permanently.

Platina, Hyoscyamus, etc., were spoken of in similar cases.

Dr. Lilienthal called upon Dr. Everett, to give a case which she had charge of while a student. The case was one of post-partum convulsions, with deep coma, and urine loaded with albumen. Opium and Atropine were given, and the catheter used three or four times a day. Dr. Lilienthal, thinking much depended upon the *frequent* and *persistent* use

of the catheter, which did not allow the albumen to be retained.

Dr. Boynton. I have a case of bleeding and blind hæmorrhoids, induced by the exhaustive diarrhœa produced by Sulphur and cream tartar. All were reduced; one has since protruded, is now strangulated. Patient has had no sleep for three nights, and most of that time the most distressing, bearing-down pains per anum.

Dr. Piersons suggested *Colehicum* for the *irresistible tendency to strain*.

Dr. Wait. *Nux mosch*.

The meeting then adjourned.

REPLY TO DR. DAKE'S CRITICISM ON THE PROVINGS OF CIMEX.

BY E. W. BERRIDGE, M.D.

DR. DAKE says (with special reference to *Cimex*) that Allen's *Materia Medica* includes the provings of substances "which neither by the suggestions of analogy nor the pointings of experience (pathogenetic or curative) can be supposed to have any medicinal value." Let us examine this statement: 1. Analogy. *Cimex* is an animal, therefore its "analogies" are with the animal kingdom, from which we derive three of our most important remedies, *Apis*, *Lachesis*, and *Sepia*; therefore "analogy" is in its favor. 2. Pathogenesis. Inasmuch as *Cimex* has produced symptoms, it has also the power of curing them, and therefore must be admitted into our *Materia Medica*, unless some other drug can be found which will completely supply its place by producing every one of its symptoms. Will Dr. Dake tell us the name of such drug? 3. Curative experience. Here I must digress for a moment to point out a source of error. C. Hg, and others, use an * to signify a purely clinical symptom; hence Allen and Hempel use it to signify a pathogenetic symptom clinically confirmed, and adopt the sign ° for a purely clinical symptom. Now Hempel gives the following important symptoms under *Cimex*:

1. At the setting in of the chilly stage her hands become clenched; she becomes vehement; would like to tear everything to pieces, and is scarcely able to restrain her rage.

2. Evening chilliness without thirst; her feet become cold

first ; after this she has a cold shuddering, as if she had cold water poured over her, with painful prickings in the centre of vertex for two hours.

3. During the chilliness all his joints are painful, as if the tendons were too short, particularly the knee-joints, which are entirely contracted ; he is unable to extend them ; when attempting to extend the lower limbs, he experiences tensive pains in thighs.

4. During the chilly stage his chest feels oppressed, obliging him to take a deep breath frequently.

5. Chilliness, with pains in the muscles of the thighs and knee-joints ; the limbs are contracted ; he is not able to extend them.

6. At the termination of the chilly stage, she is attacked with an uneasiness in the lower limbs as if she were tired by walking ; she has to change the position of the limbs constantly ; when the dry heat sets in, the uneasiness disappears, in the place of which she feels a pressure and gagging in the œsophagus, which affects the whole chest and impedes respiration ; the heat is likewise without thirst, and then she drinks for the purpose of putting a stop to the gagging ; the water does not go down at once, but at intervals, one portion after another, with sensation as if the œsophagus were constricted, or as if she had swallowed too large a morsel ; the gagging sensation does not cease until the hot stage terminates, after which she was seized with a violent hunger.

7. After the chilliness he feels thirsty, and when he drinks he is attacked with violent headache, which almost deprives him of the power of thinking ; attended with a tickling in the larynx, which continues during the fever paroxysm, and induces an uninterrupted cough, with oppression of breathing, heaviness in middle of chest, anxiety ; if he does not drink, all these symptoms are less and are quite inconsiderable.

8. If he drinks during the fever, he is obliged to urinate soon after, the urine being very hot, brown, and depositing a good deal of sediment ; even twenty-four hours after the fever the urine continues hot.

These symptoms Hempel marks with an *, signifying thereby that they are clinically confirmed pathogenetic symptoms ; Allen omits them, thereby suggesting that they are only clinical. Some other febrile symptoms, given by Hempel without any distinctive mark, are also omitted by Allen. "Why is this thusly?"

Whatever the solution of this problem may be, these symptoms are at least clinical; and Dr. Wahle says he has cured with the sixth and twelfth dilutions *the most malignant and most obstinate tertian and quartan fevers, from three to four doses being sufficient.* I ask Dr. Dake *what are his substitutes for these symptoms*, and how in the face of such evidence he can venture to say that "there is nothing in its symptoms, as furnished by the provers, nor in any cases reported as cured by its use, to challenge our confidence or lead us to employ it in preference to other and more respectable (!) articles, of undoubted influence, which stand in the list of remedies for intermittent fever?"

Dr. Dake desires a "wise discrimination in the selection of drugs" for our *Materia Medica*. Did it never occur to him that if Allen, M.D., omitted these provings, his work would have been censured (and justly so) as imperfect? I doubt whether Dr. Dake will have to pay a dollar extra for these provings to which he objects, and he can easily cut them out if he likes; why then spoil the work, in the eyes of others, by omitting them? An *Encyclopedia of Materia Medica* should contain all symptoms given in good faith.

But if our *Materia Medica* is to be thus purged, where will Dr. Dake draw the line? If he excludes *Cimex* as "disgusting," and as having no "claims to common decency," where will he stop? Surely *Castoreum*, *Moschus*, *Bufo*, and the various *Spiders*, must be also thrown overboard; but our literature contains splendid cures effected by them. All the nosodes, *Hydrophobin*, *Glanderin*, etc., etc., would of course be rejected; but I pity the physician who ignores them. *Hydrophobin* has already effected some remarkable cures, and *Glanderin* is a poison of tremendous power, causing, among other symptoms, paralysis.

Dr. Dake says he has too much "faith in all other and well-known remedies for intermittent fever to acknowledge the need and usefulness of triturated and diluted bedbugs in any one of the various forms of that disease." I would remind him that a true homœopath *individualizes*. Supposing Dr. Dake met with a case indicating *Cimex*, how would he treat it? would he try other remedies not indicated, or would he suppress it with large doses of *Quinine*?

Dr. Dake suggests that future provers should take in hand substances that have some "promise of medicinal power;" stating that "the world is full of articles, vegetable and min-

eral" [the *whole* animal kingdom is here left out in the cold!] "famous among the common people, and not unknown in the annals of medicine, as possessed of healing virtues, that no provers have yet taken in hand." This is just what Dr. Wahle did, in proving a drug which had cured obstinate agues; and, moreover, the "order" to which *Cimex* belongs is by no means the "lowest" even in the animal kingdom.

If Dr. Dake prefers, however, to devote his attention to proving other substances, we have no objection, and will gladly receive any new proving from him without waiting for his "College of Provers."

EDITORIAL NOTES.

THE WORLD'S HOMŒOPATHIC CONVENTION, under the auspices of the *American Institute of Homœopathy*, will assemble in Philadelphia, commencing on Monday, June 26th, 1876, and adjourning on the following Saturday. The meeting will be held in the Reformed Presbyterian Church, a commodious and comfortable building, on South Broad Street between Spruce and Pine streets, nearly opposite the Academy of Music, and almost in the centre of the city.

This meeting will in all probability be the largest, most interesting, and most important ever held by homœopathic physicians. The essays have been prepared with great care by the best writers and practitioners of our school at home and abroad, and together with the debates thereon, will constitute when published a very valuable volume.

We are authorized to state for the information of the profession that besides papers on surgical therapeutics, materia medica and institutes, gynecological and obstetrical therapeutics, and clinical medicine, from physicians of the United States, the following papers will be submitted for discussion:

Hysteria.—An elaborate essay of about sixty pages on this protean neurosis, by Dr. Davidson, of Florence, whose essays on epilepsy and myelitis have attracted much attention. It discusses the disease from the newest pathological standpoint, and presents many novel, striking suggestions for hygienic, prophylactic and curative treatment, and for specific medication.

Intermittent Fever.—An exhaustive paper, by Dr. Chargé, of Marseilles, giving besides a general discussion of this disease and its treatment, the precise indications for a large number of homœopathic remedies, some of

which are seldom named by American authors. The paper combines broad, scientific and ethical views, with the precision of the Hahnemannian. Valuable papers on the same subject are presented by Drs. Panelli, of Naples, and Pompili, of Rome.

Mercury and its Preparations, by Dr. E. Huber, of Vienna; an exhaustive treatise, giving a physiological and toxicological study of Mercury in all forms, and its applications in homœopathic practice. This, and a paper by Dr. Gerstel on Mezereum, are the contribution of the famous Austrian Homœopathic Society to the World's Convention. They are worthy of its fame and of the occasion.

Apis mell.—A physiological and therapeutic study, by H. Goullon, Jr., M.D., of France, well known as the author of essays on Graphite and on Thuja, which were crowned by the National Homœopathic Societies of Germany and Spain.

Pulmonary Congestion, by Dr. Meyhoffer, of Nice, whose special studies of diseases of the respiratory organs have been highly esteemed in our school. He draws clearly the important distinction between this frequent and curable affection and the rarer tuberculosis proper, and indicates the line of treatment.

Arnica.—A physiological and therapeutic treatise, by Dr. Imbert-Gourbeyre, Professor of Materia Medica at Clermont, France, which displays the learning and brilliancy which characterize that author's essays on Arsenic and Conium mac.

The Genesis and Etiology of Chronic Diseases, by Dr. Nuñez, and a paper on Miliary Pneumonia, represent worthily the Homœopathic Society of Madrid.

An Essay on Modern Therapeutics, by Dr. Sharp, of England, brings into discussion the *modus operandi* of the homœopathic remedy, and certain fundamental principles of our method. This essay, with one upon Epilepsy, especially in relation to Hydrocyanic acid, by Dr. Richard Hughes, represent the homœopathists of Great Britain. Papers from Mexico, Colombia, and Brazil will also be submitted.

Uro-Lithiasis in Russia is an account of one hundred and forty-three cases of vesical calculus operated upon by Dr. Bojanus, of Moscow, during the ten years he had charge of the homœopathic hospital of Nishni-Novgorod. Seventy-two of the calculi, with tabular records of the cases, are sent to the Convention, to be afterwards given, in the name of Dr. Bojanus, to the museum of one of our colleges. The paper contains an elaborate study of the causes of lithiasis, according to the most modern pathology, of the influence of these causes upon diathesis, and of the consequent indications for preventive and curative homœopathic treatment.

Besides these papers on scientific subjects, there will be presented to the Convention reports of the history and present status of homœopathy in every country of the world.

These reports are of a most interesting character, and are quite extensive. Being prepared under the direction and auspices of the National Societies of the respective countries, and generally by physicians who are among the veterans of our school, they will present such a history of the origin and progress of homœopathy as has never been presented to the public.

The *Transactions of the World's Convention* will, therefore, comprise a scientific and historical presentation of homœopathy of great value and interest to all who are interested in our method.

A limited number of copies will be printed for distribution to members of the American Institute of Homœopathy, and to delegates and contributors to the Convention.

From others who may desire to possess them, cash subscriptions of ten dollars for a copy of the *Transactions*, will be received up to July 15th, 1876, by the chairman of the Committee of Arrangements, and an order given on the Treasurer of the Institute for the *Transactions* when published.

It will thus be seen that strong and wholesome food has been plentifully provided for those who attend at this great feast.

In regard to ACCOMMODATIONS FOR THOSE WHO ATTEND THE CONVENTION, we can safely assert that there will be good quarters for all. The hotels of Philadelphia have in most instances not increased their prices over former rates, and where an increase has been made, nearness to the Exhibition buildings or some other good reason compensates for the extra charge. They will not engage to reserve rooms, however, unless guaranteed against loss, *i. e.*, the parties engaging must bind themselves to make good the charges for rooms and board that may be lost to the proprietors by reason of a failure to occupy. The "Centennial Lodging House Agency (limited)," organized for the purpose of securing first-class accommodations, at reasonable rates, for visitors to the Centennial Exhibition, guarantees to place all persons attending the convention within six or eight squares or blocks of the place of meeting. Their agents will be found on every arriving train, and orders to be exchanged for tickets can be purchased at all the principal railway offices in the United States. These tickets will be cashed by the company, in all cases of dissatisfaction, and at a discount of ten per cent. if not used.

A circular will shortly be issued by the Executive Committee which will give all the required information regarding the meeting, etc. In the meantime all persons desirous of information should address the General Secretary, Dr. R. J. McClatchey, 918 North Tenth Street, Philadelphia, of whom blank *applications for membership* can be obtained.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.—This Association will hold its twenty-sixth annual session at the State House in Montpelier, on Wednesday, June 7th, 1876, at 9 P.M. Reports will be received from the various bureaus, one of which is unique, being on high potencies. The officers of the Society are C. H. Chamberlain, M.D., President; A.

E. Horton, M.D., Vice-President; Samuel Worcester, M.D., Secretary and Treasurer; H. C. Brigham, M.D., Corresponding Secretary.

WESTERN ACADEMY OF HOMŒOPATHY.—The third regular session of the Academy will be held at Galesburg, Ill., June 6th, 1876. A great variety of papers are promised, prepared by some of the best men in the West, and the following subjects for discussion will be presented: Proving and Manner of Preparing Drugs. Diseases of the Joints. Chief Forms of Difficult Labor. Diseases of Women in the West. Effects of different regions upon the Diseases of Children. Locomotor Ataxia and other alterations of Gait. Malarial Fevers. The limit of Malaria and how it is controlled by Climate, Hygiene, etc.

The Academy will shortly issue its proceedings in a bound volume, of which all members in good standing will receive a copy. Any information regarding the Academy may be obtained by addressing the Secretary, J. Martine Kershaw, M.D., St. Louis, Mo.

NEW MEDICAL SOCIETIES.—The homœopathic physicians of Missouri were called upon to assemble at Sedalia, on the 10th of May, last, for the purpose of organizing a State society. The circular was signed by Drs. W. D. Foster, of Hannibal, D. T. Abell, of Sedalia, Philo G. Valentine, of St. Louis, and W. H. Jenney, of Kansas City.

We have as yet received no report of the proceedings.

There will be a meeting at Hamburg, Iowa, on Tuesday, June 20th, 1876, of the homœopathic physicians of Southwestern Iowa and contiguous territory in Missouri and Nebraska, for the purpose of organizing a homœopathic medical association. The call for the meeting is signed by Drs. A. C. Cowperthwaite, of Nebraska City, Neb., T. Howard Bragg, of Hamburg, Iowa, and C. R. Henderson, of Watson, Mo. Physicians of our school everywhere seem to be awaking to the importance of organization, which is now no longer a matter of pleasure or convenience, but has become a necessity in view of the aggressive measures of the old school in matters of medical legislation.

NEW YORK COLLEGE ALUMNI SOCIETY.—After the commencement exercises of the New York Homœopathic Medical College the class of 1876 formed an alumni society, E. H. Linnell, M.D., of Norwich, Conn., being chosen as President, and E. B. Squier, M.D., of Syracuse, N. Y., as Secretary. It is designed to have annual meetings of this society at such places as the majority of the members may desire, and in order to further this object, and to ascertain the location of each member, they are requested to send their addresses to the Secretary of the Society, E. B. Squier, M.D., 51 Warren Street, Syracuse, N. Y.

HOMŒOPATHY IN MICHIGAN.—The following highly complimentary testimonial to Professors Jones and Morgan, of the University of Michigan, will be read with interest.

TO PROFESSORS SAMUEL A. JONES AND JOHN C. MORGAN.

GENTLEMEN: We, the undersigned, have been instructed by the members of the first class in the Homœopathic College of the University of Michigan to express to you their entire satisfaction with your labors in their behalf during the session just closed, and their thanks for the interest you have so continually manifested in their progress.

We have also to say that they desire, through you, to express to the Board of Regents and officers of the University their gratification that the arrangements made by these gentlemen for carrying out the provisions of the law establishing the College have been so successful and

satisfactory; and no evidence of their full confidence can be stronger than the fact that it is the intention of the entire membership to return to the University for its next course.

ALEXANDER H. ROGERS,
R. C. OLIN,
A. B. AVERY.

ANN ARBOR, MICHIGAN, March 27th, 1876.

At the meeting of the Regents, March 28th, the following resolutions of the University Committee of the Homœopathic State Society were presented, with a favorable recommendation, by the Medical Committee of the Board of Regents.

Resolved, That we respectfully recommend the appointment of Charles Julius Hempel, M.D., as Emeritus Professor of Materia Medica in the Homœopathic Medical College (without salary).

Resolved, That we respectfully recommend the appointment of a third professor, viz, Professor of Clinical Medicine. (This chair to include the special homœopathic therapeutics of surgery, obstetrics, and the diseases of women and children.)

Resolved, That we respectfully recommend an appropriation by the Legislature for the erection of an additional hospital ward under the auspices of the Homœopathic College in the department of clinical medicine.

Resolved, That we respectfully recommend that the Faculty of the Homœopathic College be authorized to procure, at reasonable cost, an authentic list of the homœopathic physicians in the United States and elsewhere, for the use of the Secretary of the University.

A. J. SAWYER,
President State Homœopathic Society.
I. N. ELDRIDGE,
General Secretary.

It is reported that the old-school professors of the University, having been called to account by the Michigan Medical Society for violating the Code of Ethics of the old school by associating with the professors of the Homœopathic College, denounced the Society for bigotry and intolerance, and withdrew from membership. Now what will the American Medical Association do about it?

"THE ROMANCE OF A POOR YOUNG DOCTOR."—Our old friend, the genial editor of the *Cincinnati Medical Advance*, has followed the example of Silas Wegg, by "dropping into poetry," and he has dropped into it very nicely too. All who wish to read this capital poem should procure a copy of the May number of the *Advance*.

PERSONAL.—W. H. Bigler, M.D., has been appointed Associate Editor of the *American Journal of Homœopathic Materia Medica*. The appointment is an excellent one.

DR. SILAS S. GRIFFITH has removed from 954 North Tenth Street to 1431 Girard Avenue, Philadelphia.

PROF. O. B. GAUSE has removed from 140 North Twelfth Street to 1519 Arch Street, Philadelphia.

F. T. HAINES, M.D., has removed from 1538 to 1637 North Thirteenth Street, Philadelphia.

MARRIED.—THOMAS—TURNBULL. At St. Luke's Church, on the 18th of April, by the Rev. C. G. Curran, Charles M. Thomas, M.D., to Marian Elmsley, daughter of Laurence Turnbull, M.D., all of Philadelphia.

Dr. Thomas is the son of Professor A. R. Thomas, of the Hahnemann Medical College.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, June, 1876.

No. II.

PREDISPOSITION AND TYPHOID TENDENCY.

BY THOMAS MOORE, M.D., PHILADELPHIA.

WHEN we think of the many and various disease-producing causes which constantly surround us, is it not surprising that any one should ever reach "that good old age of threescore years and ten."

When we consider also the delicacy of the texture and the frailty of the structure of the human body, and know that often the most trifling causes disarrange its organization, disturb its functions, and produce suffering, disease and death, are we not still more astonished that any of us could live to such an advanced age. The air we breathe, the water we drink, the food we eat, may either, under certain circumstances, tend to the destruction of that life which by nature they were designed to nourish and sustain. Our mental emotions, our very thoughts, when over-excited or perverted, may lead to ruin of the mind, if not to death of the body. Many of these causes of disease and death are necessarily unavoidable, and follow as orderly sequences in the economy of nature, where constant change is the law, and where from death and decomposition new forms of life and organization are developed. Laying aside these natural and consequently unavoidable causes, there are many others which may lead to sickness and to the shortening of human life that are undoubtedly within our control.

A division is usually made of the various causes of disease into *predisposing* and *exciting*. A *predisposing cause*, however, must not be confounded with a *predisposition to disease*.

The *predisposition* is that latent state of susceptibility to disease produced by the continued operation of the predisposing cause. *Exciting causes* are those which tend to the immediate development of disease, especially in a system made more susceptible by reason of the existence of such a predisposition.

Predisposition to disease is either hereditary or acquired. It is not our intention to discuss the former, or enter into the interesting inquiry whether, by any change of condition or circumstances of the individual who unfortunately inherits such a predisposition, it can or cannot be altered. By an *acquired predisposition* is meant one that may be induced by predisposing causes operating during the life of the individual. A predisposition thus formed can be undoubtedly modified or entirely changed by avoiding the predisposing causes which produced it, and by other proper hygienic measures. It is to such a predisposition that we wish to especially refer. A predisposition of this character is always gradually formed, and may be acquired from causes which often continue to operate for weeks, months or years, during which time the individual may be to all appearances in good health. But should he be exposed during that period to the exciting causes of any special disease, such disease would be most likely developed. It is just such individuals who are, in my opinion, more or less severely affected by any epidemic or other exciting causes of disease, in proportion to the degree of predisposition and increased susceptibility existing in them at the time of exposure to such causes.

With these preliminary remarks we suggest the following propositions:

1st. That the predisposing cause of *scurvy* produces, at the same time, an acquired predisposition to other diseases.

2d. That the tendency of all diseases which may affect the system while it is thus predisposed will be toward the typhoid state.

It is unnecessary for our present purpose to refer to various other predisposing causes which may develop a predisposition to disease, for it is not presumed that there is no susceptibility to disease other than that produced by the scorbutic condition; neither is it supposed that various exciting causes may never affect individuals and produce disturbance of health without the existence of an established predisposition.

While we are of course cognizant of man's omnivorous nature, and also aware of the necessity of a mixed and varied

diet composed of both animal and vegetable food, yet we are fully persuaded that too little attention is generally given to the imperative requirements of the system in regard to the latter. There can be no question as to the nutritive value of animal food, nor as to the necessity which demands its use; but it must be borne in mind that it cannot be substituted for vegetable food for any great length of time, without inducing a morbid condition of the system, recognized as the scorbutic diathesis.

It is unnecessary to enter into the history of scurvy, or to quote from medical writers thereon the various opinions concerning the etiology of that disease. Much has been written upon the subject and various hypotheses advanced, and the conclusion arrived at by the best authorities is, that the sole predisposing cause of scurvy is long-continued abstinence from fresh succulent vegetables and vegetable acids. It is here worthy of remark, that no such morbid condition of the system is ever produced by abstinence from animal food, no matter how long continued.

Formerly scurvy was thought to be a disease exclusively pertaining to the sea, and it was for a long time considered the scourge of the ocean and the terrible dread of the mariner. Fortunately, since its predisposing cause is now so well understood, and since nearly all sea-going vessels now carry abundant supplies of fresh vegetables or vegetable acids, sea-scurvy is almost entirely unknown. This fact alone is all-sufficient to prove the certainty of the predisposing cause of the disease. Precisely the same predisposing cause that produces sea-scurvy will develop a similar morbid condition on land. The exciting causes which in former times developed this disease at sea, were no doubt more positive, direct and active than those which usually surround persons on land; and besides the abstinence from vegetables at sea was almost always involuntary, and therefore a matter of absolute necessity. Sailors were often for weeks or months almost totally deprived of such food; the predisposing cause was therefore carried to the extreme, before the outbreak of the fully developed disease. Although we now rarely see fully developed scurvy on land, yet the same predisposing cause is continually at work, undermining the energies of the system and depressing the power of resistance to disease-producing agents: thus developing an acquired predisposition, which is favorable to the impression of any of the various exciting causes of disease.

About twenty years ago, Dr. M. L. Knapp, formerly Professor of Materia Medica in the University of Iowa, and afterwards Professor of Obstetrics in the Rush Medical College, published several essays on "epidemic cholera, cholera infantum, nursing sore mouth, and the scorbutic diathesis," which were read extensively by the medical profession of this country. In these essays he attempted to prove that these special diseases, and various others, were caused solely by scurvy. He discarded all the usual and well-recognized exciting causes of disease, such as epidemic influence, contagion, infection, malaria or miasm, etc., and attributed the cause of epidemic cholera, cholera infantum, etc., "to an outbreak of scurvy." The only disease-producing causes besides, which he acknowledged at all, were "infractions of natural law, embracing," in his own words "all known external influences in the material world capable of producing disease." These he classified under three heads, viz., "1st. Deviations from a healthful standard in the impression of the vital stimulus of food, or alimentation. 2d. Deviations from a healthful standard in the impression of atmospheric air; and 3d. Deviations from a healthful standard in the impression of heat, light and electricity."

There can be no doubt that any one of these "external influences" operating alone would be capable of producing serious derangement of health; and all three combined would most probably develop scurvy in its worst form; but the hypothesis that scurvy, even when fully developed, will cause Asiatic cholera, cholera infantum, or any other special form of disease, without the peculiar and specific exciting influence of contagion, infection, or epidemic causes, is very doubtful. For while we must admit that these "natural causes," such as "the impressions of the vital stimulus of food, of the atmospheric air, and of heat, light and electricity," are *frequently* the only *known* external influences capable of producing disease, still there are besides, undoubtedly many other special causes of disease, some of which are, however, at present unknown except by their manifested characteristic and specific effects. No one can conceive how these "natural causes," spoken of by Prof. Knapp, unless accompanied by some of the special influences just mentioned, such as contagion, infection, malaria, etc., could at one time produce Asiatic cholera, cholera infantum, or nursing sore mouth, and at another small-pox, scarlet fever, diphtheria or any other diseased condition. It would seem most probable that these "natural

causes," acting alone and independently of all contagious, infectious or epidemic influences, upon a system predisposed by reason of the scorbutic taint, could only aggravate the existing scorbutic condition and produce scurvy and nothing else; unless we assume, with Dr. Knapp, that all diseases, however different in their names and phenomena, are simply variations of that one protean malady, *scurvy*.

But Dr. Knapp's views were not accepted by the medical profession, although they were presented with the greatest sincerity and earnestness, simply because he attempted to prove too much. He recognized the scorbutic diathesis in all the cases of cholera and other diseases which came under his observation, and because he constantly detected evidences of the scorbutic state, he came to the general and erroneous conclusion that scurvy was the sole cause of all these and various other maladies. As far as the facts and observations of Dr. Knapp extend, however, they seem to confirm my first proposition, that the scorbutic diathesis produces a predisposition to other diseases, and that then the system is more or less susceptible to the influence of any exciting causes of disease, whatever they may be, in proportion to the degree of scorbutic departure from the healthful state. The fact that the symptoms of scurvy were recognized in all the cases of cholera observed by Dr. Knapp, goes to prove that the patients were predisposed to disease, and probably had been so for some time preceding the outbreak of the cholera. The epidemic influence of the cholera, whatever it is, acted of course on all, but affected those only who were susceptible by reason of being predisposed by scorbutus. The most serious cases were doubtless those who were the most scorbutic, while the mildest were found among those who were the least so. Being scorbutic, there was a predisposition and increased susceptibility to all disease-producing causes, whatever they happened to be, whether of Asiatic cholera or of any other complaint.

When we consider the pathology of the scorbutic state, there is evident reason to assume the existence of this predisposition and increased susceptibility to other diseases. The scorbutic diathesis is characterized by an impoverished condition of the blood, and an alteration of its constituent principles in their physiological relation to each other. It is not a state of inanition from general insufficiency of food, nor is the system in an anæmic state from want of blood, with deficiency in the number of red corpuscles or a change in their

normal character ; but it suffers from the want of an adequate supply of certain materials, whereby the blood is, in a measure, deficient in its regenerating powers and life-sustaining properties.

The physiological effects of the various kinds of food required by man is an important study ; but however interesting such might be, it is not necessary now to discuss the subject, or to show the relative value of the different nitrogenized and non-nitrogenized substances derived from the animal or vegetable kingdoms, or other material from the inorganic world, entering the system as nutriment.

The constant regeneration of tissue going on within the organism through the processes of life, calls for the same constant supply of material from without ; and if the various alimentary substances introduced into the body be of the proper character and sufficient in quantity, the blood will contain all the necessary principles to effect, in a complete and perfect manner, this regeneration of the tissues. But the blood of the scorbutic system is not thus adequately supplied with either the proper quality or quantity of materials to fulfil this purpose, and there is no power within the system to furnish them, nor can any other materials from without be substituted for them. The abstinence from fresh succulent vegetables and vegetable acids, as a part of the habitual diet, being the acknowledged predisposing cause of the scorbutic condition, the blood is consequently deficient in those essential nitrogenized organic principles which can be furnished only by such food. That these principles are absolutely necessary to make up the normal and healthy character of the blood, is evident from the detrimental effect produced by their absence, as observed in the condition of the system under consideration.

These vegetable nitrogenized principles, such as vegetable albumen, vegetable fibrin, etc., have been supposed to be almost identical in their chemical composition with animal albumen, animal fibrin, etc., and by analysis in the laboratory, such is *apparently* the fact ; but notwithstanding this *apparent* identity, their effect in the living body shows that they must be essentially different ; for these latter entirely fail to substitute in the blood the physiological properties of the former. In consequence, then, of this deficiency, there exists in the blood a disproportion between the constituent principles derived from vegetable matter and those resulting from animal

products, and, also, an alteration in their relative physiological condition.

When the blood is thus incomplete in its chemical composition and impoverished in its general character, there must evidently be a degeneracy in the physical structure of all tissues formed by it, and a consequent impairment of all the nervous energies of the organism. The nervous system, by which we are placed in relation with all the external influences of the world, and through which all impressions are directly received, is especially affected by this inferior quality of the blood. The nerve substance, like all other tissue renewed by such vitiated blood, must be also imperfect in its organic composition; and the nervous ganglia formed of such defective nerve-matter, must be consequently imperfect in structure and incapable of generating that normal character of nerve-force which belongs to the generally recognized idea of perfect health.

There can be no doubt of the inherent effort of the system to preserve its integrity and to resist and overcome the effects of morbid influences. And when the system is properly organized and perfect in its physiological functions, it has the power to accomplish this (unless these obnoxious influences are so overwhelming as to destroy life at once) in a prompt and complete manner, unaided by any external influences whatsoever, so that health will be maintained and all injurious action of disease-producing causes unconsciously and successfully averted. But if instead of such a properly organized and healthy system, we have formed an incomplete and inferior grade of structural organization, and consequently an enervated nervous system, resulting from imperfect and deficient nutrition, such as evidently exists in the scorbutic diathesis, this endeavor to resist or avert disease will be necessarily so enfeebled that it will be impossible for the system, by its own inherent and unaided energy, either to ward off or to overcome the effects of disease-producing agents. This protective and restorative effort, if not sustained by a high character of structural organization and active nervous energy, must be followed, therefore, as a natural consequence, by an exhaustion of vital power; in which condition there would be evidently an increased susceptibility to all morbid influences, and a marked predisposition to any exciting causes of disease which might be brought to bear upon it.

It is well known that certain individuals are more severely

affected by any ascertained cause of disease than others ; and also that the same exciting cause may at one time produce serious disturbance of health, while at another, and under precisely the same conditions, as far as known, no injurious effect is produced. How frequently do we observe during the same epidemic, as for instance scarlet fever, measles, diphtheria (and even of sporadic forms of disease), a marked difference in the character and severity of individual cases. Even in members of the same family, under apparently similar conditions, some are stricken down with the most malignant form of one of these diseases, while others may, at the same time, be but slightly affected by it or perhaps entirely escape an attack. It cannot be that they who are the most severely affected receive a larger or a stronger dose of the morbid agent which has produced the disorder, than the others, and that the disease-producing influence, in consequence of larger quantity or greater strength and power, acts with more severity and force on one than on another. For, leaving out of consideration all effects of existing predisposition, we know that a person unprotected by a previous attack or by vaccination, would be, in all probability, just as severely affected by the contagious influence of a case of small-pox, whether he was exposed for a few moments or for several hours ; and besides, it would make no difference whether the case happened to be a mild one or of a more malignant form.

It is, therefore, difficult to account for this variable operation of disease-producing agents, unless we admit the existence of such a latent predisposition as that of the scorbutic diathesis, and acknowledge that the system, at the time of exposure to disease-producing causes, is thereby made more or less susceptible to their effects in proportion to the development of such a predisposition. The less the power of resistance and the greater the degree of impressibility, the more aggravated will be the character of every disease which affects the system while it is thus predisposed ; or, in other words, the severity of the disease will be proportionate to the degree of scorbutic departure from the standard of health.

This leads us to the consideration of the second proposition : That the tendency of all diseases which may affect the system while thus predisposed, will be toward the typhoid state.

The fact that the blood of the scorbutic system is inadequately supplied with proper organizable materials has been already alluded to ; but besides this defect in its nutritive

quality, there is also produced in the aggravated scorbutic state, another abnormal condition of the blood, which predisposes the system to take on the typhoid tendency.

The process of destructive assimilation, as it is called, by which the effete matter of the organism is removed, is partially arrested, because the blood of the scorbutic system does not contain sufficient organizable material and is unfitted in quality to renew and replace all the worn-out tissues. Some of this excrementitious matter (which ought to be altogether eliminated) is, therefore, from necessity retained in the blood; and the effect of an accumulation of these products of physiological decay in the circulation would evidently be to induce a toxic condition, similar to that observed in uræmic and pyæmic poisoning; a condition which only needs the impulse of some external depressing agent, acting through the already impaired nervous system, to develop the typhoid state.

It is well known that the typhoid condition is common to many other forms of disease besides *enteric* or *typhoid fever*; and from my observation I am led to believe, that this condition is likely to show itself in the course of any disease which may happen to affect a patient while the system is in an aggravated condition of scorbutic depravity, resulting, as just now remarked, from the *toxæmic* character of the blood. It is the scorbutic system which will be found to be liable to take on the typhoid form of disease; and whatever may be the special character or name given to any disease, or whatever may be the specific nature of the external influences which directly develop it, if the symptoms assume the typhoid character, the reason for such must be looked for, not in the nature of the exciting causes, but in the existing constitutional condition of the patient; and it will be found that the greater the scorbutic depravity present, the more manifest will be the typhoid tendency.

I cannot, therefore, ascribe the typhoid character of any disease to the greater virulence or increased power and activity of the disease-producing agents or exciting causes, nor to any direct or specific influence of such exciting causes, but entirely to the impoverished condition of the blood, its impure and toxic character, the alteration in its constituent principles, and to the imperfect state of structural organization and the enervated condition of the nervous system; all resulting from defective nutrition, and existing at the time of the impression of the external exciting causes.

The same exciting causes which would, most probably, develop in a scorbutic subject a disease of typhoid character, would be, no doubt, resisted by a properly nourished and perfectly healthy system, or if any form of disease resulted therefrom, it could never assume the typhoid character so long as the individual remained in that healthy physiological state. Hence I am satisfied that that special form of disease which is so common to this country, and lately so prevalent, known as *enteric* or *typhoid* fever, cannot be developed in an individual, no matter what may be the specific nature of the exciting causes, who shows no sign of the scorbutic condition, whose system is properly nourished and consequently above the line of scorbutic degeneracy.

I do not disavow the power of the external influences and great variety of exciting causes such as defective drainage, bad ventilation, impure water, putrid exhalations, or others of like character, to develop the typhoid state, *when this predisposition to that state already exists*; but, whatever may be their varied nature, I am convinced that any of them are incapable of producing typhoid fever or typhoid conditions in a system properly nourished, and consequently free from all scorbutic taint. In all cases of typhoid pneumonia, typhoid meningitis, and other forms of diseases which during their course show a tendency to run into the typhoid condition, I believe that a careful examination will reveal the scorbutic predisposition. In this connection I would furthermore remark that, in my opinion, the real cause of the malignant and typhoid character of many cases of scarlet fever, diphtheria and other zymotic diseases, does not lie in the greater virulence of the contagious, infectious or epidemic influences (as before observed with regard to other diseases), but solely in the scorbutic condition of the patient's system existing at the time.

It would be advantageous and very desirable if we could ascertain the nature and understand the action of all the various exciting causes of disease. Many of them, however, are so obscure, and our ideas concerning them so vague and hypothetical, that their direct influence in exciting disease (particularly typhoid affections) is altogether a matter of conjecture. But while in our present state of knowledge we may not be able to comprehend their *modus operandi*, or to unravel the mysteries of their nature, yet we must undoubtedly acknowledge their specific effects in exciting special forms of disease. And while

we often have no power to remove these causes, or to directly interfere with their operation on the organism, yet without even knowing precisely what they are or how they act, we may, if we recognize the increased susceptibility of the scorbutic condition, so invigorate the system by proper hygienic means, as to overcome such susceptibility and thus enable the organism to resist their influences.

Unlike other diseases of the blood, such as anæmia or chlorosis, pyæmia, leucoeythæmia, etc., very little perceptible change is produced in the general physical condition of the scorbutic subject unless the predisposing cause is prolonged to the extreme development of scurvy. And I have no doubt that many persons in every community are more or less scorbutic, who are apparently in good health, thinking themselves so well "that they need not a physician."

As sea-scurvy is so rarely seen at the present day, and as the same condition existing on land may not perhaps be recognized, except by those physicians who have had some army experience, it will be well to review the characteristic symptoms of that state.

There is, perhaps, no morbid condition which may produce such a general disturbance of the system, and consequently such a general variety of symptoms, as that arising from defective nutrition when long continued. Each individual will, of course, manifest different symptoms, according to the degree of scorbutic depravity present, modified or aggravated by his peculiar idiosyncrasy and surrounding circumstances. But besides these, which it would be impossible to describe or enumerate, there are some general and constitutional symptoms which are characteristic of the scorbutic condition, and by which it may be easily recognized. These especially refer to the appearance of the gums, and are so constant and positive that they are considered pathognomonic.

When there is but a slight deficiency in the quantity of succulent vegetable food introduced into the system, the change in the appearance of the gums is scarcely perceptible; still, as soon as the balance in nutrition is lost, this change begins, and the dental margin of the gums presents an increased vascularity, causing that portion of the gum to appear more red, swollen or spongy. This may not at first be general, but confined only to the margin of the gum surrounding one or two teeth. If the blood becomes still more impoverished by continued neglect to introduce the required nutriment, the edges of the

gums assume a more tumefied and spongy appearance, and the increased redness just mentioned changes to a livid hue. But a peculiarity which requires a special notice, and which is a more remarkable characteristic of the scorbutic condition than the general tumefied state of the gums, is the appearance of a *well-defined, bright-red or vermilion-colored line*, fringing the dental margin of the gums around each tooth, both on the inner and outer edge. This red line is about the sixteenth of an inch or less in breadth, and may be detected often in the very earliest stages of scorbutic degeneracy.

The only morbid conditions of the gums which might be mistaken for the scorbutic state, are mercurial salivation and possibly also the effects produced by the deposition of tartar between the gums and the teeth. While there is soreness and puffiness of the gums in scurvy, which often bleed on pressure, there is not that extreme tenderness peculiar to the effects of mercury; neither is there present in scurvy that never-to-be-forgotten fetor of the breath of the mercurial patient, although in scurvy the odor of the mouth is often offensive. Deposition of tartar often produces soreness and swelling of the gums; they frequently bleed on pressure, become partially detached, recede from the teeth, and the odor of the breath is also very unpleasant. The presence of the peculiar and characteristic *red line* especially referred to, surrounding some or all of the teeth, will be, however, sufficient to determine the difference between the scorbutic state and all other morbid conditions of the gums.

From these purely objective signs relating to the condition of the gums, we can in most cases easily diagnose the scorbutic diathesis. But in infants, before and during the period of dentition, and in aged persons, after the loss of the teeth, the peculiar red line, of course, is absent. We must then rely mainly upon the general swollen and spongy condition of the gums, and determine whether such is owing to imperfect nutrition or not, by ascertaining from the history of each case what has been the habitual diet.

In suggesting the propositions which have been here presented, I am perfectly aware that scientific judgment is seldom affected by generalizations of this kind; and that the experience of one individual, or of several, in questions of this character, is of very little significance. I do not, therefore, propose to give the results of my individual experience, which have been amply sufficient to thoroughly convince me of the

truth of the matter, nor do I offer the evidence of cases from practice, the results of my own observation, for the purpose of sustaining my propositions. For I know that in all instances of scientific conclusion, observations must be verified by almost universal experience, and the facts presented must be sustained by overwhelming evidence, before a judgment can be expected. In my estimation, the subject is of such vast consequences and so full of practical results, that it ought to excite the interest of the whole medical profession; and it is with the earnest hope of educing the more extended observation and experience of my colleagues that these suggestions are respectfully submitted.

If my views are considered reasonable, and if my propositions shall be confirmed by the observation and experience of others, the timely detection of the scorbutic predisposition must evidently be of the greatest practical importance. Not only that we may be able to predict and prevent the occurrence of disease in those who are thus predisposed, and also to arrest its tendency toward the typhoid state, but more especially that we may be governed by scientific principles, based upon a knowledge of the existing constitutional necessities of each patient, in the dietetic management of such cases.

If the acquired predisposition and increased susceptibility of the scorbutic subject to the impression of the exciting causes of disease be recognized, and if in such the existing tendency to the typhoid state be acknowledged, we may predict the greater danger and risk of exposure of those persons to morbid influences. By avoiding such exposure when possible, or, when exposure to these causes is unavoidable, we can, by insisting upon the use of vegetables and vegetable acids, which are imperatively required as the most important part of the diet, so strengthen and fortify the system that it can resist such influences, and thus we may often prevent an attack of serious illness. And when the typhoid tendency has already manifested itself in any form of disease, we can, even then, in our dietetic treatment, alter the character of the blood by introducing into the system such *antiscorbutic* food, prepared in suitable form for the sick, and thus change the existing constitutional state of the patient, so that the disease may be modified and divested of its dangerous character, and the system thereby made more amenable to medical treatment.

THE METHODS OF MATERIA MEDICA AND DR. T. F. ALLEN'S
ENCYCLOPEDIA.

IN the February number of this journal, in response to Dr. Allen's repeated invitation for his medical brethren to criticize his work, as exhibited from time to time in his *Encyclopedia of Materia Medica*, I stated my objections to his publication of what were supposed to be the symptoms of the *bedbug*.

My objections were based upon facts stated and which have not yet been called in question, namely,

1. That the *bedbug* had nothing primarily to recommend it as a remedy, nor at any time to give it a place in the *Materia Medica*, except the dictum of a few persons who had taken it upon themselves to act as provers.

2. That the manner of the provings and the symptoms reported by the provers were not such as to command the confidence of the earnest practitioner seeking remedies for the sick.

3. That there has been no clinical experience with the *bedbug* as a remedy to warrant its continuance among the approved remedies of homœopathy.

In place of meeting my objections, Dr. Allen, in his reply in the April number of this journal, endeavors to shift the *onus probandi* upon me. Where he should have shown that the *bedbug* was worthy a place in his *Encyclopedia*, he strove instead to place me in opposition to certain other drugs of the insect tribe, or of odoriferous qualities not especially agreeable.

Such artful dodging will not do.

I still insist that the *bedbug* as a remedy is not entitled to a place in the *Materia Medica* required by the homœopathic medical profession; but as it has been admitted to the pages of the *Encyclopedia* by Dr. Allen, I will no longer protest against its remaining there, as it may, after all, be the "right thing in the right place."

I have always given Dr. Allen credit for such a knowledge of language and logic as would enable him to comprehend plain statements in English and the bearing of arguments by no means abstruse.

But I would seem to be mistaken when he attributes my opposition to the *bedbug* to its *peculiar odor* or to the *kingdom of nature* from which it is taken. I objected to it as a

remedy ranked respectably in our *Materia Medica*, simply upon the ground of its *worthlessness* as a remedy and its *disgusting character* among the common things of life.

Had it ever shown any "noxious properties" worth noticing, before its proving by Dr. Wahle of Rome, or Berridge of England, or had it ever, since its proving, shown any curative properties worth remembering, or, considering it from all standpoints, had it any merits whatever to overbalance its disgusting character as generally viewed, I should have made no objections to its being continually brought forward as one of the approved therapeutic agents of the profession to which I belong.

I put aside no remedy simply because it smells bad, nor yet because it belongs to some of the "uncomely parts" of nature.

But Dr. Allen, not satisfied with his evasion of the real points in my criticism, and the misrepresentation of my argument in regard to the *bedbug*, wakes up from his dream and endeavors to combat sentiments in regard to *Materia Medica* which I have been for twenty years uttering and publishing.

He says, "We fear the Doctor's eagerness to purify and sift has led to a little wild sparring; so far as we can determine from his writings and speeches, he has no settled principles of sift."

Were I not persuaded that the reading and thinking members of our profession had a very different opinion of what I have been writing and saying of the imperfections of our *Materia Medica* and the best methods for its improvement, indeed, had I not in my desk letters of decided approval, from men whose learning and opinions are worth more than the opinions of ordinary book compilers, I should feel badly at having my efforts characterized as "*wild sparring*."

And were it not an undeniable fact that not a single statement that I have made in regard to the imperfections of the *Materia Medica* has been successfully contradicted; and were it not equally true that not a single step in the way I have pointed out for the ascertainment of drug properties and powers and the purification of the *Materia Medica* has been shown to be either unnecessary or impracticable, I should feel considerably let down by the unsparing reflection of Dr. Allen, where he says, "*If Dr. Dake were at all acquainted with the literature of our drugs*," etc.

The "literature of our drugs" must be a wonderfully

mysterious affair, in the opinion of Dr. Allen; something like "characteristics and keynotes," which only a heaven-favored few are supposed to be able to discover or understand.

In writing and speaking as I have these many years on *Materia Medica*, I have assumed to be somewhat acquainted with the "literature of our drugs," and now feel quite satisfied to rest my reputation for learning in that direction with those who are acquainted with my labors.

In closing his article, Dr. Allen says, "It would be a relief to very many if the everlasting talk and bombast about sifting and purifying should cease." I have no reason to doubt the entire correctness of this statement, considering the "*very many*" to mean those who have gotten up, and are now getting up, compilations of provings, miserably made, wretchedly reported, and abominably mixed up, which they would like accepted as the *Materia Medica Pura* of the great homœopathic school, not alone for this generation, but for all future generations as well.

"Diana of the Ephesians is great," and the "craftsmen" must not be put in jeopardy.

But leaving the *bedbug* question and the minor points of the discussion, Dr. Allen gravely asserts concerning my labors, "so far as we can determine from his writings and speeches he has no settled principle of sift."

Of course I do not know how capable the Doctor, or any one else, may be in *determining*, from what I write or say, whether I have any "settled principles" in the work of purifying the *Materia Medica* or not; but I am sure I have stated and repeated and expounded and illustrated, not alone one principle, but several, for the purification of the homœopathic *Materia Medica*.

I will briefly state some of them here and invite Dr. Allen to notice them particularly.

I. *Select for proving, substances that have manifested some decided power to alter the states of the system, as a whole or in some of its parts, as to health.*

II. *Have the substances selected for proving, so carefully examined as to make clear their identity, so that no question may ever arise as to the class or species to which they belong, or as to their composition and common characteristics.*

III. *Have a number of provers, male and female, sufficient to be fairly representative of the human race, say from twenty*

to thirty in all; and in this number include none who are not in a good state of health, so far as can be ascertained.

IV. Have all the provers assembled in one place, under the care of a competent observer, with assistants qualified to prepare the drugs for proving and to scrutinize and describe all objective symptoms.

V. Employ, in the observation of drug symptoms, all the diagnostic means useful in the examination of the symptoms of the sick.

VI. Have each prover instructed in regional as well as systemic anatomy, and in the proper methods of noting subjective as well as objective symptoms.

VII. Have all the provers undergo an examination, as in ordinary sickness, twice in twenty-four hours, at the same times submitting their record sheets for inspection, inquiries, and notes, by the directing observer and his assistants.

VIII. At the conclusion of the immediate work of proving, let the symptoms, as written upon the respective sheets, with the accompanying notes and explanations, be published as a continuous and complete narrative of the experience and observation of drug influence in the person of each prover, this narrative being preceded by an account of the age, temperament and state of the person's health when the proving began.

IX. Also let there be a digest of the symptoms and an arrangement of them, in accordance with the regions of the body, as designated in the topographical chart in use by all the provers.

X. In this digest let no symptom appear that was not experienced or observed in the persons of at least three provers; and let the number of provers above three, furnishing such symptom, be indicated by a small figure at the end, as the powers in Algebra; say ⁽¹⁾ for four provers, ⁽²⁾ for five, and so on.

But my limited space forbids a further statement of the principles which I advocate for the purification of our *Materia Medica*, for the "sifting" out of the worthless trash now almost covering the grains of gold from sight.

Let these principles be followed in the proving of drugs and publication of their symptoms, and the *sifting* will come at the beginning and be thorough.

An *Encyclopedia* made up of such material would be worthy of the name *Materia Medica Pura*.

But such an institution, such a class of provers, such supervising observers, such diagnostic tests, such scrutiny of

symptoms on the spot and at the time of occurrence, such exactitude of notation, and such a collation of symptoms, showing their comparative value, seems never to have entered the head of Dr. Allen.

My efforts to set them forth, to advocate their adoption, to show their feasibility and actual necessity, in view of the glaringly defective methods of proving drugs hitherto followed, here, there and anywhere, by Tom, Dick and Nancy Jane, without competent direction, without diagnostic tests and scrutiny, and without any uniformity in locating and describing symptoms, all seem to the good Doctor as but "wild sparring," and an "everlasting talk and bombast."

The scheme now followed by Dr. Allen, compels him to accept as good all symptoms reported by *any prover*, concerning whom it is not shown, "*either that he is suffering from some chronic trouble that prevents his getting genuine drug effects; or that he is incapable of distinguishing such effects from the ordinary disturbances of the functions; or that he has committed a deliberate fraud.*"

If each of the provers whose symptoms the Doctor has been collecting and publishing in his *Encyclopedia* were closely inquired after, as Dr. Hughes has inquired after the sources of the Belladonna symptoms furnished by Hahnemann, he would be astonished to see how many of those very provers had not only "chronic" but acute diseases, from the symptoms of which no human being could separate the symptoms of the drug.

But such inquiries have not been made by Dr. Allen, for the simple reason that the original records of the provers of a large proportion of our drugs are not extant, and no testimony remains concerning the truthfulness and reliability of a large number of provers whose symptoms have been copied from one compilation into another, with more or less change.

Were the principle *false in one false in all* adopted in relation to our *Materia Medica*, it would appear in a sad plight, as more than one of those furnishing symptoms to swell its pages have been well known as medical frauds and liars and mental incompetents.

But Dr. Allen's *sifter* has several serious holes in it, through which much of error may be allowed to pass into the *Encyclopedia*.

He takes no notice, so far as he has explained his methods,

of the *habits or circumstances of provers*, as vitiating their display of drug symptoms.

He has gathered up a vast number of symptoms reported as occurring in the persons of practicing physicians, who were exposed to the emanations of disease and of medicines they were daily dispensing, and the influences of care and irregularities of sleeping and eating, which no good and busy practitioner can possibly avoid.

He has published symptoms reported by provers whose proboscides were the hourly receptacles of pulverized tobacco, and whose heads were hid from view in tobacco smoke, while experiencing marvellous effects from the 30th or 200th potency of a drug.

But the Doctor, admitting these facts, good-naturedly reminds me that I have not noticed the subsifter, the grand sifter, that must try all symptoms and determine their value,—*clinical experience*.

He says we must "demonstrate that the symptoms obtained by any prover cannot be verified on the sick," or accept them as reliable drug effects.

Here at last we come upon the grand fallacy and source of errors and corruption so very damaging to our *Materia Medica*.

Drug symptoms have been gathered from all sources, with the expectation that they would all be "verified upon the sick," so as to enable practitioners to determine which were really the effects of the drug and which came from pre-existing disease in the prover, or from his imagination, or from the influence of other causes from without.

This method has been followed now for seventy years and more, and I would like Dr. Allen to tell us how many and what symptoms have been "expunged" as not capable of verification "on the sick."

When his ten portly volumes of *Encyclopedia* are all issued, perhaps he will favor us with some account of the *unverifiable* symptoms that he has omitted.

But upon the principle stated by himself, that there is "a great deal of material in the *Encyclopedia* that as yet has not been shown to be valuable, but it may become so," in the light of the physiology of "the next generation," I cannot imagine how he dares to omit anything.

If the generations before us, and even this generation, cannot decide upon the verifiable character of any symptoms, what generation will? Alas for the clinical sifter!

As provings have been made and reported, and dependence placed upon the sifting offices of clinical experience, the drift of our profession has been toward the acceptance of remedies without any provings upon the healthy whatever, as in the case of *Schüssler*, and as every day evidenced by the trade circulars and advertisements of our pharmacal establishments.

If clinical experience is to decide as to the capabilities of drugs, why not take the drugs handed out by empiricism or suggested by botanical or chemical analogies, and test them upon the sick, without a formal resort to the troublesome healthy vital test?

This is the position to which hundreds of our profession have been driven by the unscientific, inexact, and nearly worthless ways and means of drug proving and notation of drug symptoms followed for nearly three generations, and yet sustained by compilers of *Materia Medica* like Dr. Allen.

It is no wonder the light of Hahnemann's grand law shines so dimly upon the therapeutics of our day, that so few practitioners understand its pointings, that so many run after single agents like "compound oxygen," electricity, water, "tissue remedies," *et id omne genus*.

I did characterize the *Encyclopedia* of Dr. Allen as an *omnium gatherum*, and if his prospectus accompanying the *Aconite*, as well as the symptoms published as coming from that drug, did not justify me, I am ready to withdraw the term which he denounces as "unjust and false."

I used it in rather a figurative sense, and now since the Doctor speaks of sifting out something, and especially since he has had the courage to so far curtail his great exhibit of drugs and drug symptoms as actually to omit the provings of one man (Professor Heppé), I recall the term *omnium gatherum* as applied to the *Encyclopedia*.

In conclusion, I must be allowed to say, that in all strictures I have made upon the old methods of gathering up a *Materia Medica*, and the fruits produced thereby, I have been actuated by an honest desire to have the law *similia*, in which I believe with all my soul, carried out faithfully in practice.

If I have shown impatience with those who oppose my efforts, or have shocked the sensibilities of any who have a profound veneration for anything published as a *proving*, I beg them to consider my motive, and to look again and carefully at what I have written.

I am no iconoclast. I know what I am exposing, and I see

plainly what is needed and what will come in the not distant future; and I propose to work right on till it comes. The proving of *Sepia* under the guidance of Dr. Dunham, and of *Pierie acid* under that of Dr. Jones, are a sort of first fruits of the golden harvest.

J. P. DAKE.

A LETTER FROM CUBA.

THE following interesting letter from one of our colleagues in Cuba will be read with interest.

SANTIAGO DE CUBA, ISLAND OF CUBA, March 15th, 1876.

EDWIN M. HALE, M.D., CHICAGO.

DEAR SIR AND COLLEAGUE: As I suppose it would be interesting to you to hear of the effects of the new remedies introduced by you and adapted to the homœopathic system of treatment, I take the liberty of addressing you a few lines confirmatory of the efficacy of several of the new agents, and I hope these observations will be more valuable, coming as they do from a remote place where the climate, habits of life, and atmospheric influences are so different from your own.

In 1865, Dr. Carroll Dunham, of New York, who was here on a visit, presented me a copy of the first edition of your *Homœopathic Materia Medica of the New Remedies*, and a collection of the remedies in globules of the third dilution. After reading the book I commenced to use the medicines in my practice whenever I found any of them well indicated, and the result was so satisfactory that when Dr. Dunham returned to New York I requested him to send me the remedies in a liquid form, which he kindly did.

In 1872 I obtained a copy of the second edition of your work, and I assure you I consult it frequently, and generally with satisfactory results.

This, my native place, is a city of about forty thousand inhabitants, and the capital of the eastern department of the island of Cuba. The town is situated on the slope of a hill, facing the west, and is entirely encircled by beautiful high mountains. Being in the torrid zone, the heat in summer is very intense, although moderated by strong sea-breezes from 10 A.M. to 6 P.M.; and in the evening we enjoy a very gentle and refreshing land breeze coming from the mountains, the

farthest of which is about fifteen miles from the city. This cannot properly be called a malarious country, for the ground is high, dry, and rocky, and we have no swamps; but still, in summer, and especially during the months of April, May, September and October, we have some cases of intermittent fever, probably the effect of the heavy rains at those seasons. There is also prevalent in the summer, diarrhœa and yellow fever; the natives being invulnerable to this last-named disease. The country, however, for the last seven years has been very unhealthy, owing to the scourge of civil war; Asiatic cholera, small-pox, dysentery, and typhoid fever, having united in ruling its sanitary condition.

Under these circumstances I have made repeated and thorough trials of some of your new remedies, and after ten years' experience I take pleasure in reporting to you favorably on them.

Of *Baptisia*, *Caulophyllum*, *Cimicifuga*, *Collinsonia*, *Gelsemium*, *Hamamelis*, *Helonias*, *Podophyllum*, and *Veratrum viride*, it would not be exaggeration to say that I could not do without them now. I carry them in my pocket-case and use them daily.

I have found *Baptisia* to be a capital remedy, not only for *gastric fever threatening to run into typhoid* and *stomatitis*, for which it is generally recommended, but also for many of the fevers and diarrhœas of this climate; my guide for its administration being, tongue dry, rough and coated, diarrhœa and debility.

Caulophyllum is my favorite agent for bringing on contractions of the uterus, either to prevent miscarriage, to arrest hæmorrhage, or to accelerate labor, according to the doses given. This branch of practice being one to which, together with diseases of women and children, I am especially devoted, has given me abundant proofs of the wonderful uterine action of *Caulophyllum*; and as an evidence of the esteem in which I hold this remedy, I may say that since it has been in my possession I have never been compelled to resort to *Ergot* in my obstetric practice. For the above-mentioned purposes I generally administer the medicine in doses of two or three drops of the first decimal dilution, otherwise I ascend in the scale of dilutions as far as the thirtieth. In menstrual colic I have found it a capital remedy.

Cimicifuga is one of my predilect nervines. In hysteria it acts in the most efficacious manner, and for hysteric headache

I know of no other agent equal to it in our *Materia Medica*. I frequently use it with satisfactory result for prosopalgia and for rheumatic pains in nervous females. I have cured with *Cimicifuga* three cases of *Chorea*. The three patients were women; for two of them, the third decimal dilution was sufficient, but the other one was cured by the 200th after the lower dilutions had failed. Not long ago *Cimicifuga* rendered me very good service in a case of typhoid fever. The patient was a lady, mother of eight children, and of a highly nervous temperament. She was under the care of another homœopathic physician, who on the eleventh day of the disease, and after trying to modify the fever by all our well-known remedies, called me in consultation. I advised and prescribed *Baptisia*, which was unknown to the other physician. This remedy acted so well that my confrère desired me to give him a little of it, and he now uses it frequently. To return to the case in question: A few days afterwards I was again called in consultation for the same patient; I found her without fever, but in a state of high nervous excitement difficult to describe, with headache, flying nervous pains here and there, and above all a tremor, accompanied by partial convulsions most painful to witness, and for which the other physician had tried in vain many of our well-known remedies. I advised *Cimicifuga*, which was administered, and the next day the patient was quiet, natural, and without any pain. She made a good recovery.

Collinsonia has never failed in my hands to relieve piles, whether internal or external, dry or bleeding, and it is still more efficacious in cases complicated with uterine symptoms. In cases of constipation it is invaluable, especially when the patients are children. I generally use it in the thirtieth dilution. At present I have under treatment a case of chronic hæmorrhoids of many years' standing. The patient is a female at the climacteric, and I am glad to say that she is improving wonderfully.

Gelsemium is the remedy *par excellence* for fevers of children, especially during the period of dentition. For adults also this remedy is useful in fevers, especially if they show some periodicity; in these cases, when the pulse is neither full and hard enough for *Aconite*, nor weak and small enough for *Baptisia*, I generally administer *Gelsemium* with very good effects, particularly when I observe in the patient indications of comatose symptoms approaching. In neuralgia of delicate

females it also acts well, and I have found it useful for dilating the os uteri in the first stage of labor.

Hamamelis is a great hæmostatic. I use it in all kinds of passive hæmorrhages, and in dysentery when the stools contain a considerable quantity of dark blood, or when they are made up of black coagulated blood. I cured, three years ago, a case of varicose veins in the legs by the internal administration of *Hamamelis*. It has also been useful as an adjuvant in a case of *phlegmasia alba dolens*.

Helonias I use in debilitated females for prolapsus and other displacements of the uterus, of course after replacing the organ; also for copious watery leucorrhœa, especially after confinement, principally in multipara; in fact I regard this remedy as an excellent uterine tonic.

Podophyllum 30th is my favorite remedy for diseases of the liver, especially in chronic cases. For hepatic colic, I find it superior to *Belladonna*, *Nux*, *Mercury*, etc. I have cured many cases of jaundice with *Podophyllum* alone.

Veratrum viride might be considered an indispensable remedy, and especially adapted for use in the tropics. In this climate during the summer, all fevers, whatever their cause may be, have a tendency to produce violent and sudden congestion, which often proves fatal; for this fearful complication I know of no remedy equal to *Veratrum viride*. It is a frequent occurrence here for persons passing from a warm room into the open air, to fall down instantly as though shot; this is caused by a very violent congestion of the brain which often runs into the state of effusion, and produces a hemiplegia very difficult to overcome. This attack, vulgarly called *aire* (air), is very sudden, and generally proves fatal in a few hours under the usual treatment. Since I began the use of *Veratrum viride*, I can boast of not having lost a case of this terrible malady. In the convulsions of children with or without fever, in the invasive stage of small-pox and other eruptive fevers, I use this agent extensively. There is another dangerous affection in which *Veratrum* is invaluable, viz., puerperal eclampsia. I always resort promptly to its use, and in most cases need no other remedy; in this most dangerous malady *Veratrum* acts like a charm.

Of the other remedies my experience has not been so thorough, although I occasionally use some of them; for instance, *Dioscorea* for colic, especially in children; *Cactus* for nervous palpitation of the heart; *Rumex* and *Sticta* for coughs; *Phy-*

tolacca for rheumatism and some throat diseases; Iris versicolor for sick headaches, etc.

I intend to make a proving of *Comocladia dentata*, on which I wrote some brief observations in 1863, in the *New York Homœopathic Review*, from which I see you quote a paragraph in your *New Remedies*.

We have here many medicinal plants quite unknown to the profession, and I have been occupied for some time collecting materials for the publication of a pamphlet on our Cuban medical flora and its employment in practice according to homœopathic principles.

If you should have the opportunity I should be greatly obliged if you would kindly remit me at any time further information in regard to the clinical use of *Guao* and *Agave Americana* (Magney).

With an apology for having detained your attention so long,
I remain yours most sincerely,
JOSÉ J. NAVARRO, M.D.

ACNE PRODUCED BY BROMIDE OF POTASSIUM.

(Vierteljahrschrift für Dermatologie und Syphilis, 1874.)

THE remarkable effects of this medicine given in large doses in epilepsy, have led the author to study the cutaneous affections, and especially acne, which it produces sometimes. As long ago as 1868, Voisin reported to the Medical Society of Paris several cutaneous affections brought on by this therapeutic agent, and several others have referred to the same phenomenon. Arthand alone denies that he has observed acne where doses of 10 to 12 grammes were given. Oeiel mentions 12 cases where the patients took from 10 to 12 grammes, some even 16, daily, and altogether from 2000 to 3000 grammes. The acne appeared principally on the head, and also isolated on different parts of the body. The use of the bromide continuing, the acne was seen to disappear. It is impossible to designate precisely the amount necessary to its production. When the skin is thick and gives off a considerable sebaceous secretion, the acne is more apt to be developed. If there were comedones and pustules of acne just before using the bromide, these increased in intensity rather than diminished, as some English authors have affirmed. The

eruption is produced by degrees. The acne of bromide of potassium is distinguished by its location from common acne, as it attacks not only the face, shoulders, breast, and back, but also the scalp and supraorbital region, its extension being possible even over the entire body. Its preference is always for the hairy portions of the body, a preference which it shares with the acne of balsamic and iodic drugs. There is nothing characteristic about the color, as it varies from clear rose to a coppery red. The eruption and its development follow the same laws as in common acne. The contents of the pustules have nothing characteristic; no trace of bromine is found. The only really characteristic fact is, that this acne increases when the doses of bromide of potassium are increased and diminishes when they are diminished. Besides this, most of the pustules are traversed by a hair; but it is also not infrequent that we find them developed without contemporaneous comedones. These phenomena are also presented by the acne of balsamic and iodic drugs. Anamnesis is the characteristic difference, with fetid mouth, and the presence of bromine in the urine; the other symptoms of bromine are not developed ordinarily until after the acne eruption. Dr. Haeberle has informed the author of other cutaneous forms due to the same cause; knotty erythema, limited to the lower extremities, and disappearing with the suspension of the bromide; a diffuse, painful, febrile erythema, also limited to the lower extremities, and only existing while the treatment was continued. In two cases of children there was a pemphigoid eruption, followed by ulcerations, which healed rapidly after the bromide was intermitted. In a single case, that of a young man, an eruption of warts was observed. Notwithstanding all this I cannot attribute to the eruptions in question any especial influence on the cure of epilepsy, since their appearance neither increased nor diminished the attacks, and in some cases the cure was brought about without the development of the exanthema.

ALLOPATHIC PROVING OF APIS MELLIFICA.

INTOXICATION FROM A BEE-STING (?)

(Bulletin de la Société Médicale de la Suisse Romande, 1874, No. 8.)

ON the 5th of August at half-past 2 P.M., a hospital attendant, aged 18 years, was stung by a bee in the middle of the palmar face of the right hand, and he immediately extracted

the sting. Immediately after the first pain from the sting, he was taken with a very intense itching, which very rapidly extended up his arm and over the entire upper part of the body. The writer advised him to lie down a moment on his bed, crediting a large share of the symptoms to the impressibility of the young man. Ten minutes later a physician was called, and found the patient in a cold bath, where the itching had assumed an intolerable intensity; very intense headache, rumbling in the ears, appreciable diminution of hearing, rough and laryngeal voice (perhaps caused by emotion); excitement approaching to delirium. The trunk, arms, and the entire surface of the thorax were overspread with a very intense erythematous redness, the body appeared bloated, and the conjunctivæ were injected. Pulse weak and very quick. Washing with ammonia diluted with water gave great relief, but could not be extended to the thorax as the ammoniacal fumes prevented respiration. At a quarter after two, the pains in the head continuing, a mustard bath was administered to the feet, which immediately caused an erythema of the lower extremities, identical with that on the upper part of the body. At 4 o'clock, vomiting, which relieved him, and was followed by sleep. At 7 o'clock, notable diminution of the eruption on the arms and chest; the head was now free from it, but it was still very prominent on the limbs. Slight headache. He had a very agitated night, and the next day there was a little dulness of the head, and some red spots on the extremities. In the evening the symptoms entirely disappeared.

REPORT OF THE BUREAU OF MATERIA MEDICA TO THE WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY,

AT ITS ANNUAL MEETING ON WEDNESDAY, MAY 17TH, 1876.

BY W. M'GEORGE, M.D., AND M. B. TULLER, M.D.,

YOUR bureau would report that they have conferred together and have decided to present to the Society a paper on *Cactus grandiflorus*, giving some of the characteristic symptoms of the drug, a comparison of a few of its symptoms with other remedies, and adding several clinical observations and cases to corroborate some of the characteristics given below.

Cactus grandiflorus, although brought prominently before the American profession over ten years ago by Dr. Lippe's

excellent translation of Dr. Rubini's original publication of the pathogenetic and clinical effects of the drug, and although found in Lippe's *Materia Medica* in brief, and in Hale's *New Remedies* and Allen's *Encyclopedia* in extenso, is yet, to the great mass of our profession, an unexplored mine of treasure, and to some even an unopened book. Having made a careful study of the pathogenesis of this drug, and having used it in practice for several years, we desire to discuss it to-day, and interest you, if possible, so much as to cause you to test the richness of the field to which we call your attention.

The symptom which is the most constant, and consequently must be regarded as the leading one or characteristic of this drug, is that of *constriction* or *sense of constriction* affecting the most important organs of the body. For instance, we have "*constriction* of the throat, which excites the frequent swallowing of saliva (eighth day). Constriction of the œsophagus, which prevents swallowing; he must drink a great quantity of water to force anything down into the stomach (sixth day). Sensation of great *constriction* in the scrobiculus, which extends to the hypochondria, *constricts* them, and impedes respiration (fourth day). Sensation of painful *constriction* in the groins, extending around the pelvis."

In the bladder we have "*constriction* of the neck of the bladder, which at first prevents the passage of the urine; but when he strains much he urinates as usual (tenth day). Great desire to pass water, and though he tries a long time he is unable to pass any at all" (first day). Again, painful sensation of *constriction* in the uterine region, which gradually extends upward, and in a quarter of an hour reaches the stomach, and causes the sensation as of a great blow in the veins* that makes the patient cry out, after which it rapidly goes off (on the first day after taking one globule of the 100th potency).

In the respiratory organs we have "*difficulty of breathing; continued oppression and uneasiness, as if the chest were constricted with an iron band*, and could not dilate itself for normal respiration (first eight days). Sensation of constriction of the chest as if bound (fourth day). Constriction in the upper part of the chest, which hinders respiration (first fifteen days). *Painful sensation of constriction in the lower part of the chest, as if a cord was tightly bound around the false ribs, with obstruction of breathing* (sixth day). Feeling of constriction in the chest, which prevents speech; and when forced to speak,

* Lippe translates this word *reins* (not veins).

the voice is low (weak) and hoarse (tenth day). *Sensation of great constriction in the middle of the sternum, as if the parts were compressed by iron pincers, which compression produces oppression of the respiration, aggravated by motion*"* (first ten days).

In our experience the main field of action of this remedy is in certain rheumatic and nervous affections of the heart. We have prescribed it when we have found violent palpitations with sensation of tightness and oppression in the cardiac region; also when there have been sharp neuralgic pains in the cardia, attended with palpitation or sensation of tightness. Not unfrequently the patient complains that the heart is *grasped* or *bound*.† "Sensation of constriction of the heart as if an iron band‡ prevented its normal movement."

CASE 1.—A woman, 54 years of age, had been suffering for years with a fistula in ano, incomplete, closing up and breaking open and discharging alternately, with palpitation and oppression of the heart, so violent that she was propped up in bed, unable to move on account of it, with sensation of *tightness*. *Cactus* 100, in water, every three hours, completely relieved her in twenty-four hours. It was continued for several weeks and the cure finally completed by Lach., to which remedy *Cactus* bears a close relation, as will be seen farther on.

CASE 2.—A lady, 65 years of age, of rheumatic habit, suffered much from indigestion, with constipation; palpitation of the heart, with sensation of constriction, worse on ascending a height and when walking; occasional sticking pains around the heart, and, as she expressed it, a sensation as if her stomach were closed. *Cactus* 200, a powder night and morning, for one month, was all she required to effect a cure.

CASE 3.—A woman, 46 years old, had a severe cold, with feverishness, thirst, hard cough, with expectoration of yellowish mucus; but the symptoms she complained of most were the pain and pressure on the vertex, with palpitation and sensation as if the heart were grasped. *Cactus* 3d, in water,

* A symptom similar to this one was cured by *Cactus* when the patient complained of "gripping pain behind the sternum."

† Prof. Martin, of Hahnemann Medical College of Philadelphia, gives *Arnica montana* when there is a sensation as if the heart were grasped by an iron hand.

‡ Lippe, in his *Materia Medica* and translation of Rubini, makes this word read "hand," while in Allen's *Encyclopedia* and Hale's *New Remedies* it is written "band."

every two hours, gave prompt and permanent relief, and though two or three weeks later she received a few doses of Sulphur 30 for constipation with flushes of heat and inordinate appetite, no other medicine was necessary for the acute trouble.

In its relation to the heart, Cactus should be carefully studied with Bell., Cham., Digit., Eupatorium perfoliatum, Lach., Nux vom., Spigelia, and Zincum. For instance, in our practice we have met several cases of neuralgic or rheumatic affections of the heart, with and without palpitation, which have been cured by Bell. Under Cactus we find as a pathogenetic symptom which has been confirmed, "very acute pain, and such painful stitches in the heart as to cause him to weep and cry out loudly, with obstruction of the respiration" (first eight days). We do not find it noted in the proving of Bell., but in practice it has been observed that in certain scrofulous and rheumatic diatheses the following symptoms have been cured by that remedy, viz., "Violent neuralgic stitches in the region of the heart, extending upward to the neck, with or without palpitation, worse when lying on the left side and from walking, worse from taking cold, and better when lying on the right side." The pain is apt to be paroxysmal, or will come on as soon as the patient turns on his left side or begins to walk.

Cham. resembles Cactus in its action on the heart only in that it has neuralgic stitches with palpitation.

CASE 4.—A lady, 50 years of age, was suddenly attacked with violent pains in the region of the heart for which she received Acon., Bell., and Cactus, as they were indicated, with but temporary relief following the administration of each remedy. Her symptoms were as follows: Restlessness and anguish, with fear of approaching death. Pain paroxysmal, violent, streaking up in the axilla, and *absolutely unendurable*, patient crying that it was more than she could bear, etc. Cham. 2^c in water permanently removed the trouble in a short time.

Attention is called to Digit. and Eupat. perf., because they follow Cactus well. Digit. when the patient is irritable, taciturn, fails to remember; anasarca of the feet and legs; urine scanty, hot, and high-colored, sometimes almost suppressed; tumultuous action of the heart, with slow and irregular pulse; skin cold and clammy. Eupat. perfoliatum, when we find pain, soreness and weight behind the sternum and in cardiac

region, aggravated from the slightest motion and from turning the body either to the right or left.

CASE 5.—A woman, aged 44 years, of rheumatic inheritance, and a great sufferer, was seized suddenly with congestion of the heart. Her face and head were much swollen and discolored; respiration labored and oppressed; palpitation, with sensation of heaviness of the heart; sticking pains in the heart; pulse small, weak, and rapid; mind cheerful and vivacious.

Rx. *Cactus grand.* 100, in water, two teaspoonfuls every half hour; she improved on this remedy, and was kept on it for three days, when she presented the following appearance: Face red and swollen; expression stupid; drowsiness; disposition to sleep, with *pain, soreness, and weight behind the sternum and in cardiac region, aggravated from the slightest motion, and from turning the body either to the right or left.* The last symptom is characteristic of but one remedy, viz., *Eup. perfoliatum*, which she received, and steadily improved for two weeks, when she complained of swelling of the feet and legs, with scanty urination, some pains in the heart, etc., and *Digit.* was exhibited, which completed the cure.

Lach. has sensation of constriction and oppression of the heart, with palpitation, and in some cases it may be difficult to decide which remedy to choose, especially as the mental symptoms of these two drugs are similar.

The moroseness, the sadness, irritability, taciturnity, and changeableness of *Cactus* are all found under *Lachesis*, and the constitutions which the two remedies act upon are also similar.

Nux vom. has rheumatic stitches in the heart, with palpitation, with full, tense, bounding pulse, and when complicated with gastric troubles often follows *Cactus* well.

Spigelia corresponds to *Cactus* in many of its heart symptoms, with violent stitches, palpitation, oppression, etc., and in rheumatic affections is to be studied very carefully.

Zincum met. is mentioned, though its cardiac symptoms are not numerous; yet the symptom of sensation as if the heart had a cap on it, with severe palpitation and tearing pains, has been observed and removed by this drug in the third trituration.

Lippe recommends the consideration of *Kalmia latifolia* and *Crotalus horridus* in connection with the effects of *Cactus* on the heart; but with these drugs we have had little experience, and cannot give useful comparisons.

It must be remembered, however, that while Cactus will remove the constriction and clutching sensation around the heart, it often fails to dispel other painful cardiac symptoms.

The leading head symptoms of Cactus, as laid down in Allen's *Encyclopedia*, are: "Pressing pain in the head as if a great weight lay on the vertex. Sensation of weight on vertex, with dull pain, increased by the sound of talking and by any noise. Heavy pain, like a weight, on the vertex, which diminishes by pressure." Lippe says these symptoms are like those of Aloes and Alumina, and adds that the congestions are similar to Bell. and Glonoin.

A number of years ago, Dr. E. R. Tuller prescribed Cactus in repeated doses to a man suffering from chronic palpitation of the heart with sensation of constriction, and produced, as a consequence, severe pain and pressure on the top of the head—not on the vertex—which lasted several days after the discontinuance of the medicine, and has been confirmed many times since.

In this respect it relates to Opium, Corallium rubrum, Iodium, Carbo veg., etc.

The urinary symptoms of Cactus are peculiar.

The straining to urinate is found in many remedies, but nearly all of them have scanty or painful urination in connection with it. Cactus has "desire to urinate; after he had endeavored to do so a long time, he at last succeeds in passing water abundantly. Constriction of the neck of the bladder, which at first prevents the passage of the urine, but when he strains much, he urinates as usual." It is also one of the few remedies that have frequent and profuse urination, and is to be compared with Belladonna, Bismuth, Oleander, Rheum, Squilla, and Taraxacum.

The urine is also passed by drops, which would suggest Cann., *Canth.*, *Con.*, *Lyc.*, and other remedies.

Cactus is useful only in cases of spasmodic constriction of the urethra, and in confirmed stricture is not reliable. Kali carbonicum will be more effectual. Berberis vulgaris is said to possess certain curative powers.

Lippe calls attention to the similarity of the action of Cactus and Murex purpurea on the uterus; also the "*menses* ceasing at night" of Cactus to Causticum.

Cactus has painful sensation of constriction in the uterine region, which gradually extends upwards; also menstruation with most horrible pains, causing her to cry aloud and weep.

Murex purpurea has dryness and constriction of the uterus, this constriction being worse during the profuse menstruation. Here some comparisons will be useful. Under *Cactus* the constriction of the uterus and vagina is more spasmodic in character, coming on suddenly, often upon the least touch, and going off in a few minutes. Under *Murex* we find violent excitement of the sexual organs, and excessive desire for an embrace, excited by the least contact of the parts. Under *Cactus* the least contact (see clinical case below) brought on spasmodic constriction of vagina. Under *Kali carb.* the constriction of the vagina is persistent, and is so severe that bougies are used to dilate the parts. Or, to turn the matter around, in these cases of constriction of the vagina, where bougies are resorted to by the old school, *Kali carb.* will entirely remove the trouble.

CASE 6.—A delicate young woman, who had been weak and troubled with prolapsus uteri and spinal irritation before marriage, was distressed with a new and perplexing complication afterward. This trouble was a spasmodic constriction of the vagina on the introduction of the male organ, preventing any movement whatever, generally going off in about five minutes. This trouble always occurred on attempting coitus, and effectually prevented it, excepting on the day or days preceding her period, when it did not appear. *Kali carbonicum* was first given, but it did not afford any relief. Examining her case more closely, it was discovered that she had constriction of the chest, as if she were tied with cords, and a pressing feeling at her heart. This led to the administration of *Cactus gr.* with the best of results. In two weeks the trouble was removed; and when some six weeks later there was a slight return, a few powders entirely removed it again, without any return up to this time, which is now several months.

The sensation to her was as if a ring grasped the organ on attempting to enter, and gave her intense pain, almost convulsing her; after the spasm went off, and not before, could it be withdrawn; and on again attempting to enter the spasm would be worse than before. Her husband felt the constriction, and described it as if a string were tightly drawn around the glans, after the first pinching sensation.

Under *Cactus* we have "chronic bronchitis, with rattling of mucus, which, becoming acute in consequence of cold, causes great anxiety and suffocation."

"Chronic bronchitis of many years' standing, with rattling

of mucus continuous day and night; oppression of breathing on going upstairs, and inability to lie horizontally in bed.³⁹ This is similar to Ipecac and Tartar emetic, both of which have the rattling of mucus, oppression of breathing, and inability to lie down comfortably. Tabacum presents the constriction of the chest, oppression and rattling, and is not to be forgotten in the comparison.

CASE 7.—An old lady, suffering with bronchial troubles of a severe character, complicated with cardiac symptoms, and who had been given up by her friends, applied for relief. She could not lie down on account of the oppression and the excessive secretion of mucus; her face was cold, her limbs cold, and she was the picture of distress. But above all other ills she constantly complained of her heart, and said something had got hold of it and was clutching it like iron. Cactus 74^m, in water, a dose every fifteen minutes, relieved her in one hour, and in forty-eight hours she was so much better that she was discharged, and told to send to the dispensary for more medicine if she needed it. She made a good recovery and had no other remedy.

In conclusion we wish to refer briefly to the question of potency, and also to the law of similars. Cactus low or high will be useful whenever indicated, but all the clinical cases (with one exception) given in this paper have been treated with the high potencies. The chairman of the Bureau (Dr. McGeorge) by preference uses the 74^m potency, although he has at times given as low as the 30th. The other member of the Bureau, Dr. M. B. Tuller, prefers the 100th potency, although he has once used it as low as the 3d. But this question of potency is subordinate to the law of covering the totality of symptoms, and when we refer to this or that remedy being useful in certain cases, we mean always to be understood as teaching that these remedies are to be consulted in cases similar to those named; but in each and every case the totality of the symptoms is paramount, and must govern and rule in the choice of the remedy.

TREATMENT OF CARBUNCLES.

BY JACOB G. STREETS, M.D.

(Read before the West Jersey Homeopathic Medical Society, February 16th, 1876.)

I PURPOSE to occupy the attention of the Society but very briefly in describing a method of treatment for carbuncles which has proved more satisfactory to me than any other with which I am acquainted.

The possibility of producing a resolution of a carbuncle by medicinal means, is necessarily limited to the early stage of its existence, and as patients rarely present themselves for treatment during this period, the consideration of that question is therefore foreign to this paper; however, the method I have to suggest will probably prove as effective in aborting these inflammations as any other.

Practically then, we have in these cases to deal with an inflammation, ending essentially in the destruction by suppuration and sloughing of the integument and subcutaneous cellular tissue; a process very slow, and often exhercisingly painful, and accompanied with considerable constitutional disturbance of an asthenic type, which may, if protracted, run into a typhoid state, and endanger the patient's life; a result the more likely to happen because carbuncle always occurs in systems already debilitated, especially in the aged, in individuals with broken-down constitutions or of cachectic habit.

To relieve the pain, which is so great usually as to seriously interfere with the patient obtaining a sufficient amount of sleep, and to shorten the duration of the process of sloughing, must therefore become the leading objects of any treatment.

In the spring of 1872 I attended an old gentleman of upwards of 60 years, who was suffering from a large carbuncle, situated on the back, between the posterior edge of the scapula and the spinal column. It was about four inches in the long diameter and three inches in width. He had been suffering from it about two weeks; the pain was extreme; for nearly a week he had slept but little; his appetite was gone; pulse was weak and quick. His tongue was getting dry, and he was daily growing more feeble, until I began to have very serious apprehensions of his recovery, particularly as he had been for some time previously threatened with paralysis. Despite all the ordinary means which were used, there was no sign of suppuration. In this extremity I felt that something

must be done for his immediate relief, and I resolved to test the efficacy of caustic potassa. This powerful oxidizer of animal tissues is somewhat unmanageable on account of its tendency to spread and invade the structures deeper than we desire, and these disadvantages are the great drawbacks to its usefulness. A method of applying it which was suggested to me by my colleague, Dr. Moore, of Bridgeton, was adopted. The plan is this: A few drops of water will soon cause deliquescence of a stick of the caustic, and a small quantity of flour, gradually added, will give a sufficient amount of viscosity to insure you a superior caustic application in a manageable condition. Thus prepared, it was spread upon a piece of leather somewhat smaller in circumference than the tumor, laid upon it and allowed to remain there about forty minutes before it was removed. A black eschar formed, which separated by poulticing in less than three days, leaving a healthy-looking ulcer that healed rapidly. The pain from the caustic the patient declared was not so hard to endure as that of the carbuncle, and what was the more gratifying, after a few hours all the pains subsided, so that the same night the old gentleman got a good sleep.

The application of the same treatment to carbuncles in all stages of development, with like good results, both in my own practice and that of Dr. Moore, justifies us in regarding it as a very valuable therapeutical expedient.

Dr. Danforth, in the *United States Med. and Surg. Journ.* for October, 1873, advises a similar use of the caustic potash in carbuncle, but his mode of application is different. He makes an incision in the centre of the swelling, places a bit of the potash of the size of a pea in it to the depth of one and one-half inches, and then applies over it a poultice. The superiority of our method over this is too apparent to need further comparison.

The following is the formula for preparing the caustic:

Dissolve any quantity of the potash in as little water as possible, and when the heat has subsided, make the solution into a paste with flour, and keep in a glass-stoppered bottle. Apply one-eighth of an inch thick over a little less surface than you wish the eschar. It will penetrate to the depth of one-third of an inch in one-half hour, and will not spread laterally.

“INDIVIDUALIZATION.”

BY A. KORNDORFER, M.D.

(Read before the Philadelphia Homœopathic Medical Society, April, 1876.)

INDIVIDUALIZATION is the only true foundation on which to base a system of therapeutics. That there is no other known way, and, in all probability, no other attainable way for the selection of a correct prescription, appears indisputable; still this process need not of necessity forever be confined within the precise and in some respects impracticable limits to which it has been assigned. What constitutes individualization? Is it not the due consideration of all the components of the real totality of each case, in their true relationship, thus bringing the symptoms into some serviceable form, that they may be used by the physician for the benefit of the patient? In order that this may be thoroughly and rapidly accomplished, we must have classified the knowledge gained through the way laid open by the untiring labors of Hahnemann, that from that which is but an art a science may eventually be developed. Let us not be content with any restriction, such as is at present advocated by a few, on the complete application of the rule “totality,” but rather strive, step by step, to advance to such perfection that we may with facility, on hearing the symptoms of any given patient, place them in their appropriate relationship; knowing that they belong to such or such a class because a specified condition of blood, mucus, saliva, sweat, urine, feces, pus or other circulatory, secretory, excretory, or effete product pertains. So, also, with every discernible tissue change. Do not each of these go to make up the likeness of the diseased condition; and shall we not use each such specification as helping to complete the grand totality of the malady which we are called upon to treat? .

Whilst it no doubt is true that all disease is the result of an internal dynamic susceptibility which, though at times latent, is nevertheless capable of being called into activity through external exciting causes, it at the same time is equally true that this internal condition holds such relationship through the animal kingdom, that we can trace a family likeness in disease of any specific type, not only in man, but down also through at least some of the higher vertebratæ. This close similarity shows something more than mere chance; it is

not coincidence, but is governed by a law of nature, viz.: Animate matter of a given kind, whose susceptibility allows it to be acted upon by any given specific influence, will, under similar conditions, be affected in similar manner. Thus, where such susceptibility exists, vaccine always results in vaccine disease; variola after its kind; scarlatina after its kind, etc.; intensity, not kind, marking the change. We will not have scarlatina from exposure to variola poison, nor vaccination the result of any save vaccine lymph or pus. Disease action being but changed physiological functional activity, each specific disease-creating cause acts in its own sphere, recreating its own specific character, which expresses itself, notwithstanding the idiosyncrasies of the individual. This being beyond cavil, it seems worse than folly to oppose the use of such class distinctions as accessory guides in the selection of the appropriate remedy in each case. The introduction of closer pathological investigation, and the adaptation of our remedies to such pathological states, instead of leading away from close individualization, tends, on the contrary, toward such end even more surely than the symptom-indications used by those who oppose the use of indications derived from the evidence of pathological changes manifest in the tissues. In fact, true symptomatology is nothing more than accurately specified pathology as seen by the unaided eye—not hand-maidens, as some might term them; not even twins, but parts of the same being—they are not only as one, but are one. Pathology, in its true and most comprehensive sense, is but symptomatology elaborated, bearing a relation as the microscope to the unaided eye. Without the pathological interpretation, symptoms remain in certain instances meaningless as indicative of a specific curative agent. Thus we find double vision produced by many different causes; in some instances from change of focal distance of one eye, owing to a diseased state of optic nerve, retina, humors, changed convexity of the lens or cornea, or it may arise from stellar cataract, one limb of the opacity interfering with the rays sufficiently to cause diplopia, or perchance the cause may lie within the brain. According to the part affected, we surely would look upon this symptom as of different importance in the selection of the remedy. Yet, with our present relatively meagre knowledge in this direction, we are not able to decide unless we have other marked symptoms to lead the way; even when the part and tissue is known, unless we

have a complex of symptoms, we are still far from the possibility of a scientific selection. In the future this not only can be but must be overcome, if progress is to be made. We must make clear the relationship of each remedy to each symptom, by showing on which tissue its action is reflected, whether nerve, retina, lens, cornea, entire eyeball, brain, or part thereof. So, also, with every tissue and part of the body. When this is arrived at, homœopathy may boast of being not only the true system of cure based on law, but may reasonably boast of being a perfected system worthy of elevation to the position of an established science.

Strive to attain the utmost limit of thorough individualization, despite the loud opposition of a few who would have others believe that we are doing violence to homœopathy by the use of pathology, though did they but understand its use, they could not but feel its revelations of vital importance to the proper selection of the curative agent. By thus carefully scrutinizing nature we will, through the mass of truthful observations, acquire the ability to arrange systematically and practically the myriads of useful symptoms, conditions, and states of disease, at present so illy fitted for speedy practical reference. Then these difficulties, which like mountains stand in the way of rapid progress, may become as but level plains, every line and angle of which will be readily seen and understood.

"The physician's first and only duty is to heal the sick." This fundamental duty is given in section 1 of the *Organon*, but if we read further (section 3), we find not only that means are necessary, but that obstacles stand in the way. Why did Hahnemann mention these facts? Because his knowledge of pathology gave him the information that acute diseases have a certain course, and that in such course many changes take place which not only require consideration when present, but in many instances are to be anticipated. See section 101, where he expressly directs us to form the epidemic or endemic picture from several cases, so that the characteristic image of the whole disease may be manifest, and that the physician may know which homœopathic remedy he is to have recourse to in order to combat the disease. Again, in section 4, Hahnemann qualifies section 1 by calling the physician the guardian of health, and informs us that we must know "what are the causes that disturb health, also how to keep such causes removed from persons in health." May not this best be

done by thoroughly understanding the human system in its physiology and hygiene, and in addition thereto, its pathology, by the studying of each disease in its individuality, as taught by Hahnemann in the *Organon*, sections 100 to 102, inclusive.

Each disease forms, as it were, a distinct family, while each separate case thereof is a member of the family, known in its turn by specific peculiarities, the mind, mood, idiosyncrasies and intensity giving it position. Thus with typhus, Hahnemann recognizing it in its individuality, was led thereby to the application of Rhus, Bryon., Puls., Nux vom., Hyosey., Sweet sp. of nitre,—to-day our great sheet-anchors in this disease. Remedies since added were suggested by the capability of producing a complex of symptoms similar to typhus. Not that in any résumé we found symptoms which could be put together like patchwork so as to look like typhus, but because on individual provers they each produced an individual complex of symptoms pointing to typhus as the disease-family in which they would serve with benefit. Not that such was the only disease, but that in systems favorable to the development of that sphere of the drug action, they would be of the proper class to select from. Instance Mercurius, and who but has observed that a very fair typhus-picture might be patched up from its pathogenesis. Yet who does not know that as a rule we must be very chary in prescribing it in typhus, its totality differing therefrom when taken individually. So also with the same drug in diphtheria; though it appears to cover the totality of symptoms, it does not cover the internal causative condition, the true originating influence producing the diphtheria. Examples might be given in number, but these will suffice. It is well to bear in mind, when we refer to the opposition which Hahnemann so forcibly and persistently directed against the erroneous views relative to pathological conditions adopted by the old school of his day, that their interpretations sprang largely from crude materialistic notions, which could not stand the test of future investigation. Their course was to concoct a hypothesis, and then adapt the treatment thereto. Not so with the present use of pathology; its use is in interpreting symptoms, giving them in their proper relationship. The microscope, spectroscope, and more developed chemical analysis have made clear even to the mind of an allopathist that the guesswork of half a century ago was largely in error; they themselves frankly acknowledge this as a proven fact, yea, proven by their own

school. What now has been developed in pathology not only shows the justness of the opposition maintained by Hahnemann, but opens up the way toward progress, in a line direct with that given us three-fourths of a century ago, viz. : Individualization strictly carried out, not hampered by the limits of slothfulness, but carried to the most thorough scrutiny of the whole body, that the picture presented by the disease may be rendered as perfect as possible. No good thing is ever given to the world but what abuse of it follows. So, too, with enlightened pathology; its use has at times reached abuse, thereby bringing it wrongfully into discredit. From this, also, it will be evident that not every one knows how to use even a good thing. To the allopathist, pathology still leads from enigma to enigma, in the solving of which guesswork is his only reliance. He is left without law to guide, and wanders like a man without compass, lost in the maze of a deep forest, with beautiful and luxuriant undergrowth, trees overhead cover him in, shutting out the light which would brighten up the way, and enable him to extricate himself from the difficulties under which he labors. To the crude practitioner who uses potentized drugs on crude pathological principles, *i. e.*, such or such a disease is cured by such a drug because it has a similar action in a general way on the healthy, pathology also becomes a stumbling-block, leading him into error, simply because not being understood it is improperly applied. But to the true homœopath, one who seeks the real totality, as far as symptoms and pathological condition will enable him to reach, taking in every serviceable thing, excluding nothing which may render the specific likeness more clear, endeavoring to obtain a true totality, to such a one pathology becomes a great aid, while to his patient it becomes a source of benefit, leading with increased certainty to means for restoration to health for the curable, or preparing the mind of the incurable for an inevitably approaching end; which latter must of necessity fail to be appreciated by one not versed in the facts of pathology, nor understanding the significance of the complex of those pathological states not amenable to the action of medicine. They fail to consider pathology in its relation to diagnosis and prognosis; their diagnosis being only for the remedy, leaves them out of the possibility of making any reasonably accurate prognosis, if for no other reason than that believing they have the *similimum*, they, to be consistent, must expect a relief, with prolongation of life, if

not a positive cure. This class, fortunately for our cause, is in very small numbers; for even those who decry pathology in such unqualified terms are unconsciously constantly making use of it in their daily practice.

In consideration of the great importance which the thorough knowledge of pathology holds to an honest and intelligent practice of medicine, let us go on increasing in such knowledge and apply it to our *Materia Medica*, and by re-provings, when necessary, increase not only the number of symptoms, but also the clearness of their significance, until we may raise homœopathy to the level of an established natural science.

Finally, it may be remarked that though the results thus far obtained are in many instances very crude, yea, frequently erroneous, this should not deter us in lending our aid to the effort in progress toward bringing into a system our *Materia Medica*, keeping in mind the fact that pathology affords the only true interpretation of symptoms, and is the only means of estimating the importance of individual symptoms and their relationship in each particular case; still, class pathology must ever remain, in the selection of the remedy, secondary—as a servant, not master. By pursuing such course we will meet much opposition from extremists of both classes. Notwithstanding this, we must keep on accumulating by sowing, even though tares do grow with the wheat, feeling assured that

“When wheat is ripe for harvest
That time to adjudge will be best,
What for labor still must be spared,
What not, for destruction prepared;”

knowing the final result will be

“The tares in the fire are cast,
The wheat then in garners amassed,
As the Lord of the harvest hath said,
The ash must o’er the field be spread.”*

THE HAHNEMANN CLUB OF PHILADELPHIA.

REPORTED BY BUSHROD W. JAMES, M.D.

THIS is a quiet organization of medical workers. Each member has a specialty, and a special report from one every month is presented in turn, and brief reports from other members, if anything new in their department presents.

* From lines written on a fly-leaf to third edition of Schüssler.

May Meeting, 1876.—Dr. C. S. Middleton reported. His paper was on “Borax in Membranous Dysmenorrhœa” as follows :

BORAX IN MEMBRANOUS DYSMENORRHŒA.

BY C. S. MIDDLETON, M.D.

Some years since I read an article on the use of Borax in the above disorder. Since that time I have made frequent use of this remedy for cases of the above-named character, and in almost all cases cures have followed.

In *Hahnemann's Chronic Diseases*, vol. 2, p. 243, he says, “Easy conception observed during the use of Borax in five women.”

I have prescribed Borax for newly married ladies, for the special purpose of curing the dysmenorrhœa and for the purpose of having them conceive “easily,” which seems to have occurred in several cases. How far the conceptions were due to the use of *this* particular remedy, may be questioned, except in so far as it removes the barrier to impregnation which membranous dysmenorrhœa is generally conceded to be.

Suffice it to say, as we all know, pregnancy is not always desired by husband or wife, but in spite of preventives, women conceive when using Borax, when they seemed quite safe against it before.

Hahnemann also mentions the case of a woman who had been sterile for fourteen years on account of chronic acrid leucorrhœa. She received, among other remedies, Borax, *after which she became pregnant*, and the leucorrhœa improved.”

It may be advisable to quote a few cases. 1st. Mrs. G., newly married, had dysmenorrhœa before marriage, which continued to grow worse. Prescribed Borax, gr. j, night and morning, between menstrual period. This improved her condition at once, and a pregnancy occurred in a short time, and she was delivered of a fine boy.

2d. Miss M., relieved entirely by the same prescription in a short time, and remained well for a year or two, but has had trouble again within a few months on account of having taken cold.

3d. Miss D. relieved, but not cured.

4th. Mrs. S., a newly married lady, had suffered intensely at her monthly period all of her menstrual life; had been treated by various physicians of both schools, but without re-

lief. The above course of treatment relieved her in one month, and she has had no return of the trouble.

5th. Mrs. P., newly married lady, had been a great sufferer, was treated same way, and relieved at once, became pregnant immediately afterwards, and has been delivered of a fine boy.

6th. A sister of the last named has been cured by same remedy ; time of treatment two or three months.

Another case of a young lady, unmarried, who had become much reduced in strength and health, has been greatly relieved, but she neglects the treatment and I cannot report her well.

I had hoped to get a report from a case of long standing, of undoubted membranous variety, a married lady, but have failed to do so. This case is of so much interest that if I can ascertain anything definite in reference to it I shall be pleased to report.

An attempt to get like result from the 6th potency failed in my hands, and it has been abandoned for the present.

In sterile cases also, I report having used one-grain doses of pure refined pulverized *Borax* (*Natron subboracicum*) with peculiar success. See *Hahnemann's Chronic Diseases*, p. 230, vol. 2. It says :

"According to Noack and Trinks, Borax is especially adapted to sensitive, lax temperaments and nervous constitutions, especially to females and children, pregnant and nursing women, and such individuals as suffer from hæmorrhoids. Borax is especially suitable for diseases of mucous membranes of the respiratory and digestive organs, and the diseases of the female parts. Also for hysteric complaints, especially megrim with nausea and vomiting. Various kinds of menstrual irregularities, sterility, spasmodic, labor-like pains at the stomach, accompanied by frequent violent eructations. Leucorrhœa. Excessive quantity of too thick milk of nursing women."

Gossypium herbaceum was also a remedy for sterility as well as for certain dysmenorrhœas, but had a more special action in painful menstruations.

Dr. William H. H. Neville. In cases of barrenness, *Merc. vivus* has a reputation of affording relief where indicating symptoms in the female point towards this remedy, but I have not found it useful in that class of cases at all.

Dr. Aug. Korndorfer. A glass of salt water just previously or at the time of coition, was a remedy formerly much used by the slave women of the South to render themselves more susceptible to impregnation.

Dr. Bushrod W. James. Had used a *sponge-tent* in a case of membranous dysmenorrhœa and inserted it as far as it would go, just as the menses were coming on, and let it remain twenty-four hours; but it caused inflammation and a great deal of suffering at that period, although the patient was better for three succeeding months afterwards.

Cimicifuga racemosa is a valuable remedy in dysmenorrhœa, especially where nausea, retching or vomiting is present, with distressing general pain in the head, flushed face, giddiness, great restlessness, nervousness and tremor, fainting sinking feelings, and pains in the extremities.

It is also a good remedy in tardy parturition where there is a rigid os uteri. It seems to cause relaxation quite promptly. He had noted its effects in this way a number of times. Where the vagina is dry it produces an increase of mucous secretion and lubricates the parts, and thus it sometimes also assists parturition where there is no rigidity of the os. His favorite strength was the 1st decimal.

Dr. R. J. McClatchey. Macroton is useful in some cases of dysmenorrhœa. So is *Viburnum opulus*. The latter especially where there is an enlargement and hardness of the mammae, and aching in the hips. It is quite a remedy for the prevention of miscarriage, in those patients where there is an unusual constant susceptibility to miscarriage, and in other cases where this result is threatened. *Viburnum* also relieves to a great degree the severity of the pains of parturition, and also those severe after-pains that are so often met with. He used the θ in water. He did not find relief in his cases of sterility from Borax. He knew of other cases of failures with Borax in sterility.

HEMORRHOIDS.

Dr. John E. James referred to cases of very sensitive and painful hæmorrhoids, where speedy relief from the pain was an object, and claimed that pure white lead (as it comes from the keg before being mixed by the painter) applied directly to the inflamed, painful, external hæmorrhoids, would relieve the pain and cause them to dwindle down in a few hours. He illustrated by relating a distressing case, in which ground slippery-elm poultices and nearly every soothing application had been used by the patient, where the white lead relieved in less than twenty-four hours. He had used *Esculus hip*.

as an internal remedy in some cases with great benefit, but for quick, temporary relief nothing had acted equal to the lead.

Dr. C. S. Middleton. The old-school physicians use oftentimes an unguent of gallic acid and Opium locally, for protruding hæmorrhoids.

Dr. J. G. Houard. You can temporarily relieve the intense pain and burning by applying ice to the parts.

Dr. A. H. Ashton. A local application of equal parts of glycerin and tannin will relieve external hæmorrhoids also.

Dr. Bushrod W. James uses *Olive oil and tincture of Hydrastis*, thirty drops of the *Hydrastis* to the ounce of oil. In bleeding cases, where there was an abraded surface in the rectum, or an ulceration especially, he ordered an enema of a tablespoonful of the *Hydrastis* oil to be used every night until the parts heal and the hæmorrhages cease.

Dr. A. Korndorfer illustrated the use of internal remedies by a case in which *Æsculus hip.*³⁰ had cured a lady of hæmorrhoids in three days, the pain being relieved in four hours from the time she commenced taking the remedy. He used it every hour at first, and put the time further apart as the case grew better.

Dr. McClatchey. When the hæmorrhoids are strangulated and very painful, I have found nothing to give such prompt relief as the heated extract of *Hamamelis* or "Pond's Extract." I have the patient sit on a sponge wrung out of the extract, heated as hot as it can be, the sponge large enough to take in the perineum and other parts adjacent to the anus. Relaxation and reduction soon follow in almost every case. Hot water, applied in the same manner, does not produce so prompt an effect, nor is it so certain. In regard to remedies for hæmorrhoids I go by the symptoms; but there is no great variety of symptoms in persons who suffer from piles, and if I were limited to two medicines, I would abandon all save *Collinsonia* and *Aloes*; and if I had to give one of these up, I would let go of the *Aloes* and hold on to *Collinsonia*.

DIARRHŒA.

BY B. W. JAMES, M.D.

Of April disease tendency this was a prominent feature of the past month. Are there any confirmations? *Ars.* did no good in them. *Mercurius dulcis* was beneficial in most cases. Although it was generally of a watery, not very painful,

character, but had very frequent passages, *Veratrum album* was used somewhat, but not with as prompt relief as he had anticipated. There was a great tendency to a return of the disease a few days afterwards if the patients were much upon their feet.

Dr. McClatchey had found *Merc. solub.* the most efficient remedy in his range of cases.

Dr. J. E. James. In the obstinate diarrhœa now prevailing he found, where there was a brown tongue and fever, *Baptisia* the best remedy, although *Puls.* had met most cases in its indications in his practice.

Dr. C. S. Middleton found *Iris v.* to meet the indications of many; also *Croton tig.*, and likewise *Phosphoric acid*.

Dr. A. Korndorfer. In children where there was green stools, *Argentum nit.* was a remedy to be thought of and useful.

The general opinion of the members present was that *Ars.* was of no use in the present diarrhœa.

CHRONIC ENLARGEMENT OF THE TONSILS.

Dr. J. G. Houard had an interesting case of enlargement and induration of tonsils, which resisted other remedies, but *Baryta carb.* cured it.

Dr. B. W. James. This action of *Baryta carb.* was confirmed in his practice in the same kind of cases.

Dr. J. E. James found a valuable remedy in *Kali bichr.*

Dr. R. J. McClatchey had met with some success in *Baryta jodata* in this troublesome disease, and also in nasal catarrh, with deafness from Eustachian closure.

GOITRE.—Dr. J. G. Houard had kept a case one year on the use of *Spongia* for goitre, and cured it.

Dr. J. E. James used *Decolorized Iodine* locally, and gave it internally also.

Dr. A. H. Ashton used *Bromine* internally with success.

Dr. Bushrod W. James called attention to his "Monthly Weather Proving," presenting the same to the Club, if acceptable, with an intimation that as the County Society had at a recent meeting by a special vote smothered a discussion on his "Notabilia," which had taken him a good deal of time and observation and care to prepare for that society, he would be willing to furnish the "Weather Proving" to the Club in the

future. It represented hours of observation and work every month in the year, which the profession in time will see the advantages of, even if it does not now appreciate them.

Confirmations of April prevalent disease tendency in the "Weather Proving" have been received from Drs. B. F. Betts, William H. Bigler, W. H. H. Neville, R. J. McClatchey, A. H. Ashton, J. G. Houard, J. E. James, C. S. Middleton, and A. Korndorfer. He particularly desires for this coming summer, notes from physicians *at the time* of any unusual tendency to any class of symptoms or any malady in their range of practice.

WEATHER PROVING—APRIL, 1876.

BY BUSHROD W. JAMES, M.D.

The Monthly Weather Review sums up the conditions of the month as follows:

"The general features of the month were: (1.) The slight deficiency of temperature throughout the Atlantic States, the lower lakes, and Canadian provinces. (2.) The rarity of destructive storms, tornadoes, etc. (3.) The rarity of auroras. (4.) The large excess of rainfall in the South Atlantic and Gulf States. (5.) The long-continued high water in the Mississippi between Cairo and Vicksburg, ending in the formation on the 26th of the cut-off at the latter place. (6.) The rarity of destructive frosts. (7.) The heavy snow-storm of the 4th and 5th in New England."

I desire, as a matter of interest also in this connection, to note the storms of the country for the month and their direction.

In consulting the Signal Service weather map I find that thirteen tracks or centres of low barometer have occurred. It is important to note their direction. All start west or north-west or southwest of us and pass east or northeast or north. None of these storms have come from the east, although the wind may have blown from that direction. The wind blowing from the east indicates the rush of air from that quarter to fill the comparative vacuum, if we may so speak, which the progress of the storm itself or low barometer produces as it passes from the western part of the country to the east or northeast. The temperature of the different parts of the country is constantly varying, thus influencing wind currents. The first storm was a continuation of the one at the close of March, which came from the Pacific Coast. We find it, April

1st, in the central part of Texas. It passed southeast on the 2d, was near Mobile, and then it passed up the Atlantic coast on the 3d and 4th, and ended on the 5th near Halifax or west of it. In this track over New England occurred the snow-storm of the 4th and 5th. The second storm was a branch of this; the first one being found in Missouri on the 2d of the month. It passed directly north, and as it approached the lake region it bent eastwardly and ended over the lake region on the 3d, two days earlier than the main track ended in Nova Scotia. The Review says of these two storms:

“Nos. 1 and 2 afford an excellent illustration of the fact that a slight deficiency of pressure over a large extent of territory, as, for instance, from the Gulf of Mexico to California or Manitoba, is followed by a general, slow, southward movement of cool, dry air from British America, on the southern borders of which cloud and rain are formed, and which latter may, under favorable circumstances, give rise to several local barometric depressions, which subsequently increase into well-marked storms. The region to which the beginning of these storms may be traced extends from the northwestern portion of the Gulf of Mexico up to Central Mississippi, Central Kansas, and Western Texas.”

The third storm commenced at midnight on the 3d in the western part of Kansas. It passed eastwardly, then north-eastwardly, and was beyond the signal station in Canada on the 6th.

The fourth was a branch of the third, being observed on the 7th between Lakes Huron and Ontario. It passed over the Bay of Fundy on the 8th; was lost northeastwardly of this point on the 9th.

The fifth was a storm of the south exclusively; starting in Texas it moved eastwardly along the Gulf Coast and passed on the 9th into the Atlantic Ocean on the line of the 30th parallel below Jacksonville, Florida.

The sixth started in the far Northwest, in Northern Dakota, on the morning of the 8th, passed southeast during that day and the next day, and then bent northeast, and ended on the 10th in Northeastern Minnesota.

The seventh is noted in the Review as follows:

“No. 7 formed on the 10th in Kansas as usual, under the influence of prevailing warm southerly winds, ascending the plains east of the Rocky Mountains. The barometric de-

pression attending the formation of this storm extended south to Texas and west to California. Southeast to southwest winds with rain or snow prevailed in Arizona on the 11th. The barometer rose rapidly, with northerly winds and snow, in Nevada, Wyoming, Colorado and Nebraska. The storm centre was well marked at 11 P.M. of the 11th in Iowa, after which it rapidly developed into a trough, extending northeastward and southwestward, and ceased to exist as a well-defined storm centre after the morning of the 12th."

The eighth started in Illinois on the 13th and passed northeast to the lake region.

No. 9, observed from the west on the 13th, passed further west on the same northeast course, ending in Canada on the 14th.

No. 10 commenced on the 18th in Oregon; passed southeast until during the 19th, when it bent northeast and went over the lakes into New York, ending on the 21st, with an average velocity of twenty-eight miles.

No. 11 came from California and Oregon on the 21st, but is noted as central in Kansas on the 23d. It passed east to the coast, leaving the land near Wilmington, N. C., on the 24th, and indications for the coast stations would lead to the belief that it passed up over the Atlantic northeastwardly beyond Nova Scotia.

No. 12 was located in Northern Minnesota on the 26th, passed southeastwardly during part of the next day, and then went northeast over the lakes, ending in the St. Lawrence Valley on the 28th.

No. 13 seemed to be a result of No. 12. It may be said to have started in Pennsylvania on the 29th, passing northeast on the 30th towards Nova Scotia; this moved at an average velocity of thirty-one miles, the same that the second storm moved.

Precipitation of rain occurred in excess along the Eastern Gulf Coast States and Upper Mississippi Valley, and Portland, Oregon, and a deficiency in the Ohio Valley.

We have had our usual quantity of rain.

DISEASE TENDENCY.

The month commenced with fresh colds, coryza, spinal congestions, with chilly feelings, catarrhal and hepatic derangements and tendency to fevers, with pulse at 120 per minute. The diarrhoeas, and enteralgias, and typhoid and pulmonary

cases were found more numerous. Hydroa on the lips and face of many people. Some parotitis, measles, diphtheria and spinal diseases were also occurring.

The 12th, 13th, 14th were warm, sultry, damp days, with mostly south or southwest winds, and both sick and well complained of languor, debility or drowsiness. Benign ulcers in the mouth, etc., were more noticeable at this time.

April showers on the 16th and 17th were followed by improvement in diseases and less tendency to new inroads of disease. Then followed a bilious tendency, then a stiff-neck turn, with cervico-spinal pain and aching. During the high wind and dust of the 21st we had much neuralgia and some occipital headaches. Then a tendency to inflammation of the colon occurred, with diarrhœa and hepatic disturbance. A cool, damp east wind blew on the 25th, and chest pains and rheumatic aches and pains generally, depressed pulse (46 and 48), noticeable gastric fevers of children occurred. The month ended with a disposition to neuralgia, depressed feelings and headache. Conjunctivitis cases were quite an epidemic early in the month, and diarrhœa a very marked disease all the month; also a tendency to glandular diseases and enlargements.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY.

REPORTED BY R. E. CARUTHERS, M.D., SECRETARY.

A REGULAR meeting of the Society was held on Friday, December 10th, 1875. Members present: Drs. Burgher, Woods, Crawford, Seip, Cooper, Hofmann, Bingaman, Rousseau, McClelland, Childs, Willard, Buffum, Ramage, Shannon, King, Chantler, and Caruthers. Associate member, James Boley, and visitor, Dr. Strong.

The minutes of the preceding meeting were read and approved.

This being the last meeting in the year the reports of the various officers and standing committees were received.

Dr. Cooper presented the annual report of the Executive Committee.

Among other business transacted by this committee during the year, was the examination of four gentlemen who had applied for permission to study medicine.

The Treasurer presented his report, which being referred to an Auditing Committee and found to be correct, was accepted.

Election of officers being next in order, nominations were made for the various offices, the balloting resulting in the election of the following officers for the ensuing year:

President, Dr. J. H. McClelland; Vice-President, Dr. J. H. Buffum; Secretary, Dr. R. E. Caruthers; Treasurer, Dr. C. F. Bingaman; Censors, Drs. J. C. Burgher, J. F. Cooper, and L. H. Willard.

The election in each case, was, by motion, made unanimous.

After the appointment of Dr. Hofman as essayist for February, the meeting was adjourned.

January 14th, 1876.

The Society convened at its usual hour.

After the minutes of the last meeting had been read and approved, the President elect, Dr. McClelland, made some inaugural remarks, in substance as follows:

He thanked the members that after serving as *pro tempore* President for two years (owing to the continued illness of the President), they had again honored him; he would have been well content to step down into the ranks.

He referred to the organization of the Society in December, 1864, pursuant to a call issued by Dr. J. C. Burgher. From a membership of six the Society had grown to an organization of thirty-six active and nine associate members, with a monthly attendance of from twenty to twenty-five members.

In the last two or three years the Society has been particularly active, and we have reason to believe has done much to advance our good cause. The meetings are characterized by a spirit of fraternal good will, and each seems earnest for the others' good. The Doctor closed by wishing the members a happy, prosperous new year.

The President announced the following as the Executive Committee for 1876: Drs. Cooper, Burgher, Hofmann, Cote, and Willard.

The application for membership of T. M. Strong, M.D., was presented by Dr. Burgher, and referred to Board of Censors.

Dr. Burgher presented a communication from Dr. Carroll Dunham, of the Committee on World's Homœopathic Convention, asking contributions to defray the expenses of the convention. Dr. Willard moved that the Society take into consideration the subject presented in the communication.

After some informal discussion, it was decided to open a subscription list so that those who wished could contribute.

The essayist not being present, Dr. Deetrick, who had been appointed for December, read a lengthy article on Cholera Infantum. The paper showed a large amount of research and was really a valuable contribution.

Owing to the lateness of the hour the discussion was dispensed with and the Society adjourned.

February 11th, 1876.

The Society was called to order by the President, Dr. McClelland, the usual number of members being present.

The Board of Censors having reported favorably on the application of Dr. Strong, he was elected to active membership.

Dr. Burgher reported that about two hundred dollars had been subscribed by the members of this Society to the fund for the World's Homœopathic Convention, and that it would require about fifty more to fill up our quota.

On motion, Dr. Burgher was constituted the representative of the Society in the matter of these subscriptions.

The President appointed the following a committee to prepare a paper to be presented to the State Society at its next regular meeting: Dr. Childs, Chairman; Drs. Ramage, Willard, Bingaman, and King.

Dr. Burgher presented a statement prepared by Dr. J. S. Rankin, showing the comparative merits of treatment in the allopathic and homœopathic hospitals of this city. The comparison was quite favorable to the homœopathic system. It was proposed to have the statement more fully made out and forwarded for publication.

Dr. Childs moved that a protest be entered by this Society against the publication and distribution of circulars, such as are issued by some homœopathic pharmacists, giving directions for the use of our remedies, which are being scattered broadcast over our cities.

This motion was carried, the unanimous opinion of the Society being that it was injudicious and calculated to bring discredit upon the homœopathic system of medicine.

An essay prepared by Dr. Hofmann, on "Spontaneous Combustion," was then read by Dr. Seip.

Dr. Rankin was appointed essayist for April.

The Society then adjourned.

BUREAU OF INQUIRY.

WHAT is the remedy called "Luna," and how is it prepared?—
INQUIRER.

This ridiculous "*Luna*," that you ask information about, is moon-beams passed through water, and used, or afterwards run up (?) to any attenuation for use. (See article on the subject, by Dr. S. B. Higgins, *North American Journal of Homœopathy*, vol. xxii, p. 498.) Among other things, Dr. Higgins writes: "I exposed a glass, half full of pure water, to the direct and reflected light of the moon for three or four hours; at the end of this time I poured the water into a perfectly clean bottle, and shook it well for a moment or two." On page 499 he says: "We prepared *Luna*, and potentized it up to the 13th potency—a powder of which I have furnished to Dr. Samuel Swan, 13 West Thirty-eighth Street, New York, and it will soon be potentized up to the *cm* potency, by his new potentizing machine, just finished." On page 500 he says: "Dr. Fincke has potentized *Luna* up to the *cm* potency; but this is from the moonlight in our climate, which, I think, may possibly be less powerful than the preparation I brought from South America; but as yet I have not had an opportunity of testing it so as to institute any comparison between the effects developed by one, and those developed by the other."

I once gave vent to my feelings in regard to this "*Luna*," in measure poemized (not *potentized*), but never rushed into print with them. I shall take advantage of the query of the homœopathic correspondent, "who wants to know," to put them before the profession as a harmonious whole.

THE MEDICAL "LUNA."

DEDICATED TO S. B. HIGGINS, M.D.

In looking back through age's space,
'Tis sad how surely we may trace,
That all the woes of man begin
In one premeditated sin;
Till ills and pains have multiplied,
And old and young have drooped and died.
Sages have studied and grown gray,
Doctors have puzzled night and day,
To find most potent oils and pills
To bid defiance to those ills.
But ah! how long 'twas tried in vain!
For death still lurks in ache and pain;
And more than death, for reason fled
Makes man unmanned, and worse than dead.
At last a meteor arose,
Whose genius like Aurora glows;
He finds a panacea grand!
Proclaim it o'er the smitten land!

For evidence this case we offer,
 By "Luna" struck and made to suffer;
 'Twas not by Lunar Caustic bitten,
 Nor yet by love's queer moonlight smitten;
 But moonbeams bade fair Reason fall,
 And may not moonshine cure it all?
 Not frigid rays, so cold and pale,
 Nor temperate moonlight, bright but frail;
 But from the the tropics cull the beams,
 That warmly fall in silvery streams;
 Pass them through "*Sach.*," or water pure,
 Bottle them tightly, and be sure
 That not a single ray is lost,
 Preserve them all at any cost.
 Now let them guide your steps at night,
 A substitute for candlelight;
 Or while exploring caverns damp,
 Pray take your bottle as a lamp;
 Its varied uses you may try,
 Till some poor patient wanders by.
 Then give a dose. Crude beams! Abuse!!
 Unfit!! Such drug for human use!
 Now "run them up." Still higher! higher!!
 Above the grandest, loftiest spire,
 Beyond poor Luna's paling face,
 Far, far into yon stellar space
 A million times. More, if you can,
 Beyond the orbs now known to man.
 Ah, that's developed. Take one pellet,
 Dissolve in water, taste it, smell it,
 And then you're cured, yes, cured, my friend.
 This news over all the land I send.
 "But stop, dear sir, and be quite sure!
 We wonder if this wondrous cure
 Was wrought by moonlight from the Tropics,
 Or by those tiny microscopics
 That travelled with you from the Zone
 In bottled grandeur all their own."

Perhaps this remedy to test
 The Doctor may become our guest.
 We'll give him Luna—rays pathetic,
 Perhaps a millionth Od. Magnetic,
 And then Aurora Borealis,
 Lack, Water served in glistening chalice,
 Monthly one wondrous contact-pellet—
 Could ever medicine excel it!
 With Sac lac powders intermixed,
 We think our patient might be fixed.
 We'll build him up with rainbows solar,
 Shut out stray moonbeams antipolar,
 Feed soups of mingled stellar gases,
 And drinks of Lac. skimmed for the masses!
 Then watching his recovery well,
 We'll to the world the sequel tell,
 That all mankind may surely know
 What virtue dwells in Luna's glow.

BUSHROD.

PROVINGS OF SARRACENIA PURPUREA.

BY F. G. OEHME, M.D.

REGARDING my constitution, the following only is necessary to be known: Medium size, robust, weight about 145 pounds, age 38, sanguine, sixteen years ago urticaria acuta; then for four or five months urticaria chronica. Great sensitiveness of the skin, frequent itching, liability to diarrhœa. Piles occasionally. Generally good health.

I am not a good subject for proving, as drugs cause but a few symptoms.

During the provings I adhered to my usual plain diet.

While taking several times a day a few drops of the 1st decimal dilution for a number of days, the following symptoms appeared:

Frequently sensation of considerable pressure in the stomach, lasting once for several hours; sensation of fulness in the abdomen with slight pain in various places, as if caused by flatulency. In a small place in the lower part of the abdomen, a little above the cavity inguinalis, very often a sensation as if a hernia would protrude; sometimes so marked that I examined the place to see if there were any signs of something coming out. (I have an incomplete inguinal hernia on the left side, which, however, never caused any trouble or inconvenience.) Sensation in the anus as if stool would come.

The same symptoms appeared during a second proving with the 2d dilution, soon after the first proving. Besides these symptoms, bowels irregular, costive. After the close of the proving, bowels very regular. Every morning this call must be answered very soon.

During a third proving, a week later, I took the 3d dilution several times a day for several days, whereupon the following symptoms appeared: Slight pain in the bowels as if from flatulency. Costiveness. On various places on the abdomen a sensation as if a hernia would occur; it felt as if the intestines wanted to come out on a small place; the feeling was very distinct and marked, but not at all painful. Disagreeable sensation in the anus as if it was stopped up with a plug, or as if filled with wind. Hæmorrhoids. Discharge of little blood with the stool.

A proving ten years later yielded the same symptoms as above. At no time the least affection of the skin.

PUBLICATIONS RECEIVED.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D., Professor of Diseases of the Mind and Nervous System, in the Medical Department of the University of the City of New York, etc., etc. With one hundred and nine illustrations. *Sixth Edition. Rewritten, enlarged and improved* New York: D. Appleton & Company, 549 & 551 Broadway. 1876. Pp. 884.

The splendid volume with the above title is the standard American work on diseases of the nervous system; and that it has been so regarded by the profession and its author's labors properly appreciated, is witnessed by the fact that within the brief period of four years, five large editions were exhausted, and the book for over a year was "out of print." In fact, it is so well known, that a copious review of the sixth edition would be a work of supererogation. The author makes the following statement in his preface, the truthfulness of which a careful examination of the volume enables us to assert: "To a great extent the work has been rewritten. There is not a chapter which has escaped extensive alterations and additions, and the amount of new matter is so great that the volume contains twice as much as any one of the previous issues. Besides the changes made in the chapters of the former editions, a number of diseases are now considered which were not embraced in the previous publications, and some of these are, for the first time, treated of in the English language.

"Many illustrations, which can scarcely fail to elucidate the text, have been added, so that the number now exceeds a hundred. Most of them are original; others are taken from the monographs of Duchenne, Charcot, Friedreich, Lockhart Clarke, and other French, German, and British authors."

In addition to this thorough overhauling of the entire work, an entirely new section (V) on *Toxic Diseases of the Nervous System* has been presented, and constitutes an exceeding valuable addition to the work; and a chapter on *Exophthalmic Goitre*, which the author thinks is entitled to be considered as a disease of the nervous system, has been introduced.

The work is divided into an Introduction and Five Sections. In the Introduction we have a description and representation by well-executed woodcuts of the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system, such as the Ophthalmoscope, the Cephalohæmometer, Æsthesiometer, the Dynamometer, the Dynamograph, and Electrical and Cauterizing Apparatus.

Section I is devoted to a consideration of Disease of the Brain, and consists of fifteen chapters, treating respectively of Cerebral Congestion, Active and Passive; Cerebral Anæmia; Cerebral Hæmorrhage; Cerebral Meningeal Hæmorrhage; Partial Cerebral Anæmia from Obliteration of Vessels (Thrombosis and Embolism); Cerebral Softening; Aphasia; Acute and Chronic Cerebral Meningitis; Tubercular Cerebral Meningitis; Suppurative Encephalitis or Cerebritis; Diffused and Multiple Cerebral Sclerosis; Tumors of the Brain; Insanity.

Section II treats of Diseases of the Spinal Cord. It contains five chapters, the first of which considers Spinal Congestion; Chapter II, Spinal Anæmia; Chapter III, Spinal Hæmorrhage and Spinal Meningeal Hæmorrhage; Chapter IV, Spinal Meningitis (acute and chronic); and Chapter V, Inflammation of the Spinal Cord in all its forms.

Section III takes up Cerebro-Spinal Diseases, and is arranged in eleven chapters, comprising Hydrophobia; Epilepsy; Convulsive Tremor; Chorea; Athetosis; Hysteria; Hysteroid Affections; Multiple Cerebro-

Spinal Sclerosis; Paralysis Agitans; Anapeiratic Paralysis, and Exophthalmic Goitre, the last-named being an entirely new and very interesting and valuable chapter.

In Section IV are considered the Diseases of the Peripheral Nervous System, such as Neural Congestion; Acute Neuritis; Chronic Neuritis, Neural Sclerosis, Neural Atrophy; Tumors of Nerves; Neural Paralysis; Neural Spasm; Neural Anæsthesia; and Neural Hyperæsthesia, or Neuralgia.

Section V is a new section, consisting of five chapters on the Toxic Diseases of the Nervous System, such as Plumbism, Alcoholism, Bromism, Hydrargism, and Arsenicisim.

It is noticeable that the author has omitted from his treatise that formidable disease, cerebro-spinal meningitis, and this notwithstanding the fact that he had been requested by numerous physicians to include it in the present edition. He refers to this omission, however, in his preface, where he states that "renewed consideration has tended still further to convince me that my reasons for omitting it from the first and subsequent editions were correct, and that it cannot in any sense be regarded as a disease of the nervous system."

The Section on Toxic Diseases of the Nervous System is a very interesting one; the chapter on *Bromism* especially so. The free use made of the Bromides, especially the bromide of potassium, has given rise to a peculiar class of symptoms of nervous disorder, which Dr. Hammond has recognized under the collective heading of Bromism. According to our author, the potassium and sodium salts equally give rise to these phenomena; the lithium, calcium, and ammonium compounds less readily; and the bromide of zinc not at all. The following description of Bromism will be interesting and valuable to homœopathic physicians:

"The first symptom to make its appearance in cases of bromism is drowsiness. The patient sleeps not only at night, but in the day, and often under circumstances in which sleep would appear to be almost out of the question. Feebleness of the arms and legs, especially of the latter, is generally the real sign. The gait becomes titubating, and falls are apt to occur, especially in children. The grasp of the hands is weak, and there appears to be an anæsthesia of what may be called the muscular sense, for articles held are dropped unless the sight be kept upon them.

"Articulation is very early interfered with, so that the speech becomes thick and indistinct. Words are omitted and others are clipped of their first syllables, or are slurred over in a tangled mass of incomprehensible utterances.

"The action of the heart is weakened, and at the same time rendered more frequent; the skin is cold and clammy, the countenance is pale, and the pupils, from being at first somewhat contracted, become widely dilated and somewhat insensible to light.

"The tongue is reddened, thickly coated, dry, and sometimes sore. The breath has the odor of bromine or is otherwise offensive: the bowels are usually constipated, and the urine is ordinarily increased in quantity.

"The skin, even in cases in which the other symptoms of bromism are not very evident, is the seat of numerous pustules, especially that covering the face, neck, back, and chest, and occasionally large boils or carbuncles make their appearance.

"The fauces are often intensely congested, and aphthous patches appear on the mucous membrane of the buccal cavity. The respiration becomes hurried, cough is often induced, and bronchitis or congestion of the lungs may ensue.

"The sensibility of the pharynx is markedly impaired, and its reflex excitability is almost if not entirely abolished. It requires a mental

effort for the patient to swallow, and manual irritation of the fauces fails to excite nausea or efforts to vomit.

"Finally, locomotion becomes impossible, the patient is in a state of continual stupor, incapable of making known his wants—in fact, having no wants—and unable to recognize those about him; the urine and feces are passed involuntarily, the lungs are engorged, the heart becomes still weaker, and if the administration of the bromide be not suspended death ensues."

The plates of this work are not only numerous, but well executed, and admirably serve the purpose of illustrating the text. A large proportion of them are original, and the remainder are well selected from Virchow, Charcot, Duchenne, Friedreich, Lande, Pierret, and others. It is handsomely printed on fine toned paper, and substantially bound.

On sale by the publishers, and by Claxton, Remsen & Haffelfinger, Philadelphia.

HOMŒOPATHY IN ITS RELATION TO THE DISEASES OF FEMALES, OR GYNÆCOLOGY. By Thomas Skinner, M.D., Liverpool. *Liverpool:* Adam Holden, 48 Church Street. 1875. Pp. 64.

THE SAME WORK REPRINTED. 1876. *Philadelphia:* Porter & Coates, 822 Chestnut Street. Pp. 74.

Two copies of the pamphlet with the above title were received from Liverpool some short time ago, and soon afterwards the announcement that Constantine Hering, M.D., would publish a reprint for the benefit of our cause was also received, and to-day the reprint is out. For the original we have to thank Dr. Thomas Skinner, and, secondly, we have to thank the great pioneer of our school in America for the reprint, and especially thank him for it as impliedly he withdraws with this—his full indorsement of this orthodox pamphlet—all such former indorsements as his enthusiasm has misled him to hastily announce; such indorsement as those of the Tissue remedies, which by no plausible sophistry can be claimed to be in harmony with Hahnemann's teachings, which Dr. Skinner unconditionally accepts, but which are in open antagonism to pure and undefiled homœopathy. We are extremely gratified to find Dr. C. Hering takes such a decided stand, and thereby repels all unjust accusations which were made, charging him to be in sympathy with a mistaken set of men who, like Schüssler, want to graft the treatment of sick-physiology by potentized drugs on our school, who wished to exhibit the great feat of making truth and error coexist together healthfully and peaceably, riding two horses at the same time, each speeding away in an opposite direction.

Dr. T. Skinner's pamphlet opens a new era in the history of homœopathy, not only in England but in the world at large. Dr. Skinner has treated the various points at issue between the old and new school of medicine and between various branches of the homœopathic school so skilfully, so honestly, in such a superbly classical language, in a manner which offends nobody, and must carry conviction to the reader who really seeks the truth, and has thereby secured to himself the thanks of the profession; and we do not know how to thank him best, but by begging all men who call themselves homœopaths or homœopaths to carefully read this pamphlet. It contains more instruction, more illustrations, more plain confessions, more honest talk, than any pamphlet of the same smallness we ever read; and it carries the proof of sincerity with it; and even the brethren who were not prepared or previously educated for the rapid advance which Dr. Skinner made, will be encouraged to creep along and follow him carefully. Dr. Skinner treats all questions at issue with equal ability, and in so few words often disposes of them. We

will only quote one. He settles the potency question thus: "*The system of Hahnemann, which has many and various interpreters, admits of no such division as that of high and low potency men. It is a mere trick of the arch enemy of mankind and of all truth, to break up our ranks by destroying our unity.*" We have for many long years tried to show that the raising of this question, and subsequent desire shown to thus divide us, was "*a false issue*" raised by the enemies of our cause, by the enemies of progress. The mistaken friends who long for the physiological livery, are so fairly dealt with, are so utterly deprived of any ground they can stand on, that it would be really seeking "*notoriety,*" were any one anxious for it, to again reply to them, or to show the relation which exists between pathology and the homœopathic school; these wilfully perverse men seeking notoriety in trying to do the impossible, in trying to parade themselves before the medical world, claiming to be followers of Hahnemann, and appearing dressed in the garb physiological, will find that our learned convert tells them that the two systems are diametrically opposed to each other. Dr. Skinner addresses them kindly but earnestly, and expresses what have been our sentiments always when he says: "*The true Hahnemannian revels, yea, glories in the name of Hahnemann and homœopathy. He has no desire to see the day when homœopathy and allopathy will be convertible terms; the two systems being diametrically opposed to each other when faithfully and honestly practiced. Yet, strange to say, there are men who will leave their 'foot-prints in the sands of time,' and who have for years past fought the good fight against the old school of medicine, who have signified their willingness to cave in and sell their birthright, their honor, their all they have so long fought for, the truth—if they ever possessed it—for a mess of pottage, the privilege to hobnob and fraternize with those whose system of practice they have so long and so justly opposed. I say to such men, the sooner they go over to allopathy, body and soul, the better for the homœopathy of the master, etc.*"

And, in conclusion, we desire to beg all homœopathists not only to read the pamphlet, but to put it into the hands of every intelligent person who seeks information about matters medical.

A. LIPPE.

In connection with this pamphlet, the editor of the *Hahnemannian Monthly* has likewise received the following communication:

A Note for the next edition of Dr. Skinner's Pamphlet, together with some Additions to Dunglison's Dictionary. •

Page 14.—This is the so-called "tirade, fortunately not very long," of which the critic in the *M. H. R.*, 9, p. 315, says, "It is a pity that it had not been omitted." It is really a pity that the critic supposes that what he calls a "tirade," was against those whom it is our American fashion to call mongrels. As this name could only have been used for such as mixed both allopathic and homœopathic treatment, and what Skinner says is only against such as are against the name of homœopathy, our critic is completely mistaken. He continues: "It seems strange and somewhat inconsistent, to find on the same page so liberal a sentence as the following: 'Let every man judge for himself, etc.'"

According to the law and common sense, we must allow that which is in the favor of one whom we will condemn to counterbalance what there is against him. Now he goes so far as to say, "Had Skinner called his book Hahnemannianism, we could find no fault with him." This is entirely a newly made word, and in the hope that these words will receive admittance in a forthcoming Appendix to *Dunglison's Medical Dictionary*,

we will explain this as well as all the others, old and new, referring to the subject.

The word *Hahnemanism* was, in 1835, proposed in the *Archives* of Stapf, V, 15, pp 4 and 36, to signify the action of the freed molecules on the living, as a branch of the physical sciences, with a name like Galvanism and Mesmerism. But as there were no physicists among the homœopathicians, it was entirely disregarded.

Soon after, however, the "half and halves" introduced as a nickname the word *Hahnemannians* for such as had made the experiments proposed by Hahnemann, and found them correct. Later it was considered better to use the slanderer's remark, "they swear by the word of the master."

They who used this remark were such miserable logicians or eristic triflers, that they could not, or would not, distinguish between the one and the other. Nearly a year ago it was used in the work of Lord. Slanders are like bedbugs; if once nested in a house they appear again and again.

The word made in defence of the nickname Hahnemannians was *Anti-hahnemannians*. If the new word *Hahnemannianism* should be adopted, we would of course be obliged to add its opposite, *Antihahnemannianism*.

For the benefit of the *Dictionary*, the old words may be defined as follows: *Homœopathy*, or homœopathia, the name given by Hahnemann to his doctrine of healing the sick according to the symptoms obtained by proving, *similia similibus*.

Allopathy, a name given by Hahnemann to the medical art which gives drugs to produce opposite effects. It was considered a nickname.

Allœopathy was proposed by Hufeland as being more correct, and was adopted by Hahnemann.

Heteropathy, the name of the doctrine of curing by opposites, *contraria contrariis*.

Homœopaths, the name by which those are called who adopt Hahnemann's doctrine, and prefer having homœopathic treatment.

Homœopathist, one who practices homœopathy, be he physician or not.

Homœopathician was introduced as being more correct, when signifying a physician who is a practitioner of homœopathy.

If more words should seem to be required, they can be easily made by prefixing *anti*.

See Fleming, *Vocabulary of Philosophy*, by Kraush, 2d edition, p. 33.

THERAPEUTICS OF TUBERCULOSIS OR PULMONARY CONSUMPTION.
By William H. Burt, M.D., etc, of Chicago, Ill. *New York and Philadelphia*: Bœricke & Tafel. 1876. Pp. 230.

After a very careful examination of this work we unhesitatingly say that the author has done good service to the profession and the public in putting it before them. There has been creeping gradually into the minds of the homœopathic profession the idea that pulmonary consumption is a curable disease—curable by diet, hygiene, and homœopathically selected medicinal agents; and doubtless many physicians have been absolutely astounded, as we have been, at the results when these measures have been judiciously resorted to, even in cases of far-advanced consumption, where the pulse was rapid and the wasting and weakness very marked. A work that fairly gives the treatment of this dreaded malady, therefore, cannot fail of attracting attention, in view of the prevalence of the disease of which it treats, and its possible cure.

Dr. Burt has done his work well, and, although there are some good things omitted, nothing is given that is not good and sound. The book is eminently practical, almost every line of it being devoted to therapeutics and hygiene. The author has gathered together from a great

variety of sources evidences of the efficacy of the various remedies mentioned. Baehr, Hitchman, Jahr, Raue, Marey and Hunt, Epps, Hastings, Ruddock, Hughes, Chargé, Kafka, Meyhoffer, Hirschel, and a host of writers in the American and foreign homœopathic journals have been consulted, and their experiences in the treatment of phthisis and its varied phenomena fully given.

The first section of the work—if we may speak of sections where there are none—is devoted to regimen and hygiene. The Doctor has a very proper view of the value of these in the treatment of phthisis, and especially of its premonitory symptoms and condition. A brief but appreciative article on the *Health Lift* will doubtless tend to bring that valuable aid in recovering lost health more prominently before the profession.

Then we have "Emaciation and Debility," with the treatment required for these marked symptoms. Then follows Hæmoptysis, Cough (this part of the work will be valuable in all cases of cough, whether phthisical or otherwise, owing to the fulness of indications given for the selection of remedies), Asthma, Hectic Fever, Diarrhœa, Pain, Bed-sores, etc., and finally a chapter on the Spirometer.

We have not space for an extended view of this work, and can do nothing more than commend it in general terms. It is well printed and bound of course, but the very meagre index is discreditable to the author, and the running headings do not mend matters much, inasmuch as they are very often misleading.

On sale by Bœricke & Tafel, and by all homœopathic pharmacists and booksellers.

A TREATISE ON DISEASES OF THE EYE; for the use of Students and General Practitioners. To which is added a series of test-types for determining the exact state of vision. By Henry C. Angell, M.D., etc. *Fourth Edition, enlarged and revised.* Illustrated. *New York and Philadelphia:* Bœricke & Tafel. 1876. Pp 344.

The first edition of this valuable work was issued in 1870, and was so well received by the profession that a second edition was speedily called for. In 1873 a third and revised edition was published, in which the author made such alterations and additions as brought the work up to date in ophthalmologic science; additions were made to nearly every chapter, and a glossary of scientific terms was added. This being speedily exhausted, a fourth edition, the present publication, was issued by the well-known publishing house of Bœricke & Tafel.

To this fourth edition the author has added an entirely new chapter on the anatomy and physiology of the eye, which will certainly increase the value of the work, especially for students. In addition to this, three plates have been added from drawings by Helmholtz and von Jäger.

While reviewing the first edition of Dr. Angell's work, we took occasion to find fault with the meagreness of the medicinal treatment, and especially with the meagreness of the indications for the selection of remedies. While in these respects there has been a great improvement in the fourth edition, we trust that in a subsequent issue the talented author will do more in the direction of enabling ordinary practitioners, who are not specialists, to prescribe understandingly for diseases of the eye, by giving indications for the remedies mentioned. There is a large amount of experience in the minds of the various ophthalmologists of our school, which has been gathering especially within the past ten years, and this might be made available by the author of this work, if he would collect it together and give it to the entire profession in his next edition.

On sale by Bœricke & Tafel.

ON NASAL CATARRH: Its Symptoms, Causes, Complications, Prevention, Treatment, etc. *With Illustrative Cases* By Lucius D. Morse, M.D. *Memphis*: A. F. Dodd & Co. 1876. Pp. 72.

Dr. Morse is deserving of the thanks of the profession for this excellent little work. It contains, 1st, an introductory chapter, in which the writer modestly states that it is his aim to present some "plain, practical observations, together with brief details of clinical experience and indications for the use of remedies." Here also he denounces in appropriate terms, the use of the pernicious nasal douche, and yet does not entirely deny the occasional efficacy of local treatment.

Part I gives a brief account of the anatomy of the parts involved in nasal catarrh; and the symptoms, complications, causes, prevention, etc., of the distressing malady. In regard to the "symptoms" as laid down by our author, they do not seem to fairly present the case, or give a good picture of the various ill feelings to which the victim of chronic catarrh is the subject. It seems to us that not enough is made of the horrible frontal headache, the tormenting temporal and malar pressure, and the mental symptoms.

Part II gives "Cases from Practice and Observations on the Use of Remedies." Here we have a number of cases successfully treated, some with one remedy, and others with several, and supplemented with remarks by the author. Many of these cases are interesting and illustrate the efficacy of the carefully chosen remedy; but we cannot help being impressed with the idea that the nasal catarrh so easily curable in the hands of Dr. Morse, and in the region of Memphis, Tenn., is something quite different from the stubborn, abominable, and altogether outrageous disease the physicians of Philadelphia have to treat, and which often, after even the most careful and long-continued medication, with high and low potencies, admits of only palliation, and sometimes of not even that.

Part IV presents the "Remedies," with their indications for use; and this part is the best and most valuable of the work. The remedies are given in alphabetical order, from *Alumina* to *Sulphur*, thirty-one in all. Absent from this list are the Arsenite of Soda, the Iodide of Lime, and Teucrium m. v. These are valuable remedies in the treatment of chronic cases, and could hardly be spared from the scanty list of remedies of real efficacy in this disease.

A second edition of this work "enlarged and improved," will no doubt soon be called for, and the author will then have an opportunity of supplying all omissions. In the meantime, however, we would advise our readers that the one dollar paid for this book will not represent the one-hundredth part of its value to the conscientious practitioner.

On sale by Bœricke & Tafel.

INSANITY IN ITS MEDICO-LEGAL RELATIONS. By A. C. Cowperthwaite, A.M., M.D. *Philadelphia*: J. M. Stoddart & Co. 1876. Pp. 80.

This brochure appeared in connection with the *American Journal of Homœopathic Materia Medica*, and while running through its monthly issues, attracted considerable attention for its careful and pleasing writing, and for the evident earnestness of the writer. It comprises seven chapters, one being introductory, while the others treat respectively of the Pathology, Classification, and Diagnosis of Insanity, the Criminal Responsibility of the Insane, Epileptic Insanity, and the Treatment of the Insane. In arranging these, the author has drawn largely and discriminately from the very best treatises on Insanity extant.

There are two points in the work to which we take exception. These are, 1st, the very decided materialistic tendency, which finds vent in

such sentences as, "mind is simply a developed energy of nerve-cell," and, "we can only look upon intelligence and will as the special functions of the brain, just the same as transmission and reflex action are the special functions of the nervous system, while the mind constitutes preeminently the sum of all cerebral states;" and, 2d, the equally decided leaning towards what we would call *sentimentalism*, in the question of the *Criminal Responsibility of the Insane*, on which subject, we think, the author swings the pendulum too far in the opposite direction. However, as alienists should be regarded as the most competent persons to form an opinion on these subjects, Dr. Cowperthwaite's views have substantial support. At the meeting of the "Association of Medical Superintendents of American Institutions for the Insane," in session in Philadelphia at this writing, Dr. Isaac Ray, of Philadelphia, in a paper entitled "How far Insanity should be received as an Excuse for Crime," made the following statements, after alluding to the English decisions in the cases of insane criminals, which now stand as law, but which were founded, he said, on mistaken estimates of insanity, and are really of little value in the light of recent scientific researches:

"The plea of insanity does not meet with much favor among jurists and lawyers, and still less when they are informed that insane persons generally know right from wrong, and are capable of hatred and malice, thus apparently furnishing all the elements of crime. The lawyers in their imperfect knowledge of the subject of insanity make two great mistakes, one of which is that an insane person may be excused for a criminal act, prompted by a delusion only so far as the provocation he imagined would excuse him if his delusion were merely true. This is directly contradicted by the experiences of science. There is nothing more probable than that the person who imagines that his neighbor has been telling bad stories about him should also imagine that he was justified in taking his neighbor's life.

"The other mistake made by lawyers is to leave out of the account altogether the moral faculties of our nature—the sentiments, feelings and emotions. Disease of the moral faculties often resembles moral depravity. The question should not be, 'Did he know the difference between right and wrong?' 'Did he evince forethought and intention in his preparation for the crime?' but 'Could he see the moral complexion of his act in its true colors?' 'Had he the power to pursue the right and resist the wrong?' The existence of insanity, even in the smallest degree, being shown, it should be for the other side to show that the insanity did *not* influence the person to the commission of crime. This is now the rule in civil cases, where, if the insanity be shown, it is for the party seeking to establish the legality of the will or contract to show that the maker had recovered.

"There is a tendency now to the belief that the plea of insanity is becoming too common, and that the punishment of the insane may prevent offences. To those familiar with insanity, the falsity of this is beyond question. It impairs the freedom of the will. It blunts the sense of right and wrong, and diminishes the power of self-control, and in every instance of crime there is room for the belief that the act would not have been committed but for the presence of the disease. Very few of the insane will believe that they are insane, and, therefore, will not be prompted to crime by the knowledge of the immunity of the insane, nor would they be restrained by the knowledge that the insane are punished, as they insist on considering themselves entirely outside of that class. As we stand now, our legislatures are powerless, and the rules laid down by our courts are irrelevant, impracticable, and inconsistent; and this will re-

main so until the question of insanity shall be merely a question of fact, to be established. Our judges are bound to make themselves acquainted with the nature of insanity by every means in their power, and to charge their juries from the result of their knowledge rather than by servile repetition of what has weight only because it has been said before."

The work is nicely printed and bound, and is on sale by the publishers, and by Bœricke & Tafel.

"ANALE DE LA HOMŒOPATÍA. Publicacion mensual de la Escuela de Medicina Homœopática de los Estados Unidos de Colombia. Redactor responsable, Dr. José Peregrino Sanmiguel. Tomo I. Bogotá. 1876." Pp. 32.

In 1866 appeared vol. i of a very creditable journal, *La Homœopatiá*, devoted to the defence and propagation of homœopathy in Colombia, and which was published six or seven years, notwithstanding the disturbed political condition of the republic. The pamphlet before us announces that our colleagues in Colombia have resumed their active labors, and with an energy and organization which promise great advantages to our cause.

December 19th, 1875. At a meeting in the city of Bogota, attended by fifty-one physicians of our school, the Colombian Institute of Homœopathy, which had been dormant for several years since the death of its lamented president, Dr. S. M. Alvarez, was revived by the election of an Executive Committee, of which Dr. Ignacio Pereira is President, and Dr. F. de P. Liévano Secretary; and the Escuela Homœopática de los Estados Unidos de Colombia was organized, under the presidency of Dr. J. P. Sanmiguel. The especial object of the latter institution is the defence and propagation of homœopathy, and the investigation of the pathogenetic properties and therapeutic applications of the numerous substances indigenous to Colombia, to which popular tradition ascribes medicinal properties. And in the hope of accomplishing the latter object more effectually, as well as in recognition of the services to our cause which have already been rendered by the AMERICAN INSTITUTE OF HOMŒOPATHY, and in response to an invitation extended to our foreign colleagues in 1869 by the Institute, our Colombian colleagues have constituted the "Escuela Homœopática de los Estados Unidos de Colombia" a branch of the American Institute of Homœopathy, adding to its title, as given above, the words: "succursal del Instituto Norte-Americano."

Its members invite co-operation in provings and other scientific works on the part of the members of the Institute, and a free interchange of publications, to initiate which the officers of the "Escuela" have sent copies of the *Annales*, Part I, to many of our colleagues and journals. They publish also certain propositions to be submitted to the "World's Homœopathic Convention" in June next, and which we shall publish in our next number.

C. D.

ON OVARIAN DROPSY AND ASCITES: their Diagnosis and Treatment. By Richard Epps, M.D. London: Simpkin, Marshall & Co.

THE VETERINARY VADE MECUM. A manual on the horse, cow, dog, and sheep; their diseases, homœopathic treatment and general management. Edited by R. P. S. Lord, M. R. C. V. S. L., and J. Rush and W. Rush, veterinary surgeons. London: The Homœopathic Publishing Company.

LECTURES ON ORTHOPÆDIC SURGERY AND DISEASES OF THE JOINTS. By Lewis A. Sayre, M.D., etc. New York: D. Appleton & Co.

Notices of these valuable publications, and of some others, will appear in the next number of this journal.

THE HAHNEMANNIAN MONTHLY.

Vol. XI.

Philadelphia, July, 1876.

No. 12.

DR. BERRIDGE ON THE CIMEX.

BY J. P. DAKE, M.D.

DR. BERRIDGE, in the May number of this *Monthly*, in making reply to me on the subject of the *bedbug* as an article of *Materia Medica*, says: "Cimex is an animal, therefore its analogies are with the animal kingdom, from which we derive three of our most important remedies, *Apis*, *Lachesis*, and *Sepia*, therefore 'analogy is in its favor.'"

Certainly the analogy cannot be denied, and it might be sufficient to suggest to Dr. Berridge the probability of medicinal value in the bedbug; but not so to me.

The fact that the sheep is an animal and its flesh is food does not satisfy me that the flesh of the skunk, the rat, the lizard, the beetle, and the bedbug, all of which belong to the animal kingdom, would be desirable food.

The fact that the potato, the bean, and corn belong to the vegetable kingdom does not suggest to me that all or any other articles of that kingdom may be edible and wholesome.

The fact that gold is found in the mineral kingdom does not suggest that copper, or iron, or zinc, or lead may possess the qualities of that precious metal.

In my humble opinion such faint analogies have been accepted and acted upon much to the detriment of science and degradation of art.

I still maintain *that the suggestions of analogy*, especially so weak an analogy as that mentioned by the Doctor, could be no warrant for the recognition of the bedbug as a medicine.

Again, Dr. Berridge says: "Inasmuch as *Cimex* has pro-

duced symptoms, it has the power of curing them, and therefore must be admitted into our *Materia Medica*, unless some other drug can be found which will completely supply its place by producing every one of its symptoms."

I beg pardon, but I entirely disagree with the Doctor in regard to the admission of drugs into "*our Materia Medica*."

Because A, B, C and D swallow a dose of the 2d or 3d or 200th dilution of a substance, and report a number of symptoms as the effects experienced, it does not follow, by necessity, *that those symptoms were produced by that substance; not at all.*

If A and B had experienced, say ten, symptoms just alike, there would be some apparent probability that those ten symptoms were drug effects.

If C had experienced five of the ten symptoms also, the probability that those *five* were drug symptoms would be increased.

If D had experienced *four* of the same symptoms the probability of *their* being drug effects would be yet greater.

Symptoms reported by a prover as occasioned by a certain drug, may be due entirely to other causes—to his constitutional tendencies, his occupation, his habits, his imagination, his desire for display, or his untempered zeal—and not at all to the potencies he has swallowed.

But supposing them to be due to the drug, they but represent the action of the drug in that *one person*.

To infer that such symptoms would appear in another person, or in any number of other provers, is absurd.

If the Doctor will call upon his logical neighbor, Professor Jevons, of Manchester, he will tell him, as he has already written, "there is no such process as that of inferring from particulars to particulars;" and "no one who holds the doctrine that reasoning may be from particulars to particulars can be supposed to have the most rudimentary notion of what constitutes reasoning and science."

But, as I have already indicated, when the experience of one prover corroborates that of another, the similarity or identity of experiences may form the basis of an inference as to what a third prover would experience from the same drug.

It is only when the experiences of a representative number of provers *agree* as to the effects of a drug that we are warranted in concluding that those effects are the uniform or *constant drug symptoms*, and in assuming that the same or similar

symptoms would be experienced by the generality of mankind under like circumstances.

I occupy the high ground, and shall never leave it, that no drug should be admitted to the *Materia Medica Pura* until it has been properly proved, so that the *constant* symptoms may be distinguished from the *individual* or *casual*.

Now, what are the facts in regard to the *Cimex*?

1. There were just four provers of it.
2. No two of them agreed as to the effects of it, the symptoms all being diverse.

3. All the symptoms pointing to chills and fever, intermittent, were reported by one prover, a woman whose peculiar shuddering, and scraping, and coughing, and retching, and eructations, and spittings, would lead one to suppose she might be aware of the filthy stuff she had swallowed; and whose yawning, and stretching, and chilling, and heat, and anxiety, and perspiration, indicated more an *expectation* of an intermittent than any very decided drug power in that direction.

So much for the provings.

But Dr. Berridge presents an array of symptoms, not reported by healthy provers, but claimed to have been removed from the sick by *Cimex*, and asks me "what substitutes I propose for them?"

Oh, Doctor, *Credat Judæus Apella, non ego*. They are but the figures of the kaleidoscope which a thousand, yea, a billion turns may not reproduce. They teach me nothing—I want no substitutes for them—they were most righteously excluded by the compiler of the *Encyclopedia*.

I still maintain, of the bedbug, that "there is nothing in its symptoms, as furnished by the provers, nor in any cases reported as cured by its use, to challenge our confidence, or to lead us to employ it in preference to other and more respectable articles of undoubted influence, which stand in the list of remedies for intermittent fever."

Dr. Berridge asks, if I exclude the bedbug where I would "draw the line" through the remaining articles of *Materia Medica*?

I think I have already indicated where the line would run, certainly not so as to include the Doctor's precious *nosodes* and all the filthy, worthless trash imported from the domain of isopathy.

And Dr. Berridge says, "a true homœopath *individualizes*."

So he does, and *generalizes*, too. Many who claim to be true homœopaths individualize too much.

From the experience of an *individual* prover or patient they infer without reason and risk without success.

They depend upon *individual* symptoms and *individual* doses, till *individual* patients lose faith in the *individual* doctor who *individualizes* with such a vengeance.

Dr. Berridge says: "Supposing Dr. Dake met with a case indicating *Cimex*, how would he treat it?"

I have been a good many years in practice and have treated a great many cases of intermittent fever, and I am frank to say I have never seen a case "indicating *Cimex*."

I have met with very few cases that I have not cured, and I am very sure that *Cimex* would have done *them* no good.

And, in conclusion, the Doctor, speaking of my having the liberty to prove other substances, says: "We will gladly receive any new proving from him without waiting for his College of Provers."

Much obliged; but I must beg to be excused from any such work while busily occupied among the sick. Convinced that the proving of medicines by physicians and their friends and patients, in a disturbed, desultory, superficial, and careless manner, has vitiated the information sought, and made our Materia Medica a vast collection of uncertain and unreliable data, I shall never furnish provings for the guidance of the profession till they come in ways and by means such as I have elsewhere indicated and cannot at present command.

I must express my pleasure in replying to the candid and gentlemanly criticism of Dr. Berridge, especially as it has given me an opportunity of bringing out some facts and principles generally overlooked in our profession.

ANNUAL MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, SECRETARY.

THE annual meeting of this Association was held in Syracuse on June 15th, 1876. Vice-President Brewster was acting president.

The reports of the Secretary and Treasurer were approved. The following applicants were duly elected members: Drs. E. B. Squier, R. B. Sullivan and Charles E. Chase.

The following memorial resolutions were adopted :

WHEREAS, Lyman Clary, M.D., a pioneer in homœopathy, after a severe and protracted illness, has closed his earthly career,

Resolved, That in his decease this Society has lost one of its oldest and most influential members.

Resolved, That we look with pride and satisfaction upon the record of his life, characterized as it was by spotless purity, unimpeachable integrity, and unyielding faithfulness to his convictions.

Resolved, That a copy of these resolutions be entered upon the minutes of this Society, and a copy also be presented to the family of the deceased.

By a vote of the Society Dr. Miller was requested to prepare a sketch of Dr. Clary's life, to be presented at the next meeting.

The Secretary read the following sketch of the Central Society :

RETROSPECTIVE AND PROSPECTIVE.

BY H. V. MILLER, M.D.

The first decade of the existence of the Central Society is now past, and I find that, according to my horoscope, all the signs attending its birth were decidedly propitious, as might have been expected when there were present such distinguished obstetricians as Potter, Clary, Hawley, Boyce, Wells, Stow, Gwynn, Bigelow, and Seward. According to the original plan, we have no bureau nor other lumbering machinery, but each meeting constitutes itself a sort of committee of the whole, designed for free discussion. The first annual meeting was held at my office June 26th, 1866, and the first president was Dr. Clary. Nearly twenty central counties are embraced within the limits of the organization. The constitution provides that there shall be annually elected three officers, President, Vice-President, and Secretary, who shall act as Treasurer. The by-laws require that four quarterly meetings shall be held during each year in Syracuse; that any graduate, or licentiate in medicine, in good standing, accepting the homœopathic law of the similars, may become a member; and that each member shall read an article or report a case in writing at least once a year. Though all have not literally complied with the last provision, the plan of the Association has proved successful. The design of this Society was to cultivate all the various branches of medicine, and especially to compare experience in clinical medicine and in

the verification of characteristics, and to improve in a practical knowledge of *Materia Medica*. During the first nine years clinical medicine was extensively discussed and often with much interest. Various diseases most prevalent at each season were duly considered in their pathology, etiology and therapeutics. But a year ago the Society decided to inaugurate a new series of discussions on *Materia Medica*, and our present meeting is the fifth of this series. At first some doubted whether we could make these *Materia Medica* discussions interesting and successful. But thus far our expectations have been more than realized. Some of these discussions have been the most interesting that I ever had the pleasure of attending. One of the best was that held a year ago, in which *Belladonna*, *Hyoscyamus* and *Stramonium* were compared and illustrated. The participants in these discussions have been necessarily educated in homœopathy by their studies, investigations and practical experience, and each member has had the benefit of many elaborate papers presented and of the many interesting clinical verifications reported. Besides we have found that comparative *Materia Medica*, instead of being the dulllest of all pursuits, may be quite entertaining as well as instructive. I think the members never before manifested so much interest in this subject. These discussions and verifications of characteristics tend to fix the most important points in the mind far more than a cursory reading of *Materia Medica* would do. The memory is greatly aided by association. Thus far antiphlogistics, cerebrants, and spinants have been discussed, and to-day *Baptisia* and *Gelseminum* are to be considered, especially in reference to typhoid fever. Proceeding in this discussion as we have commenced, a complete course, comprising the most important remedies, will require at least twelve additional meetings, or three years. Such a course may not promise a brilliant field for oratorical display, but in the end it will secure an invaluable accession to our knowledge of *Materia Medica*. This is the sure reward for the cost of time, money, and exercise of brains. Besides I think our decade of labor has been duly appreciated by the profession at large.

The whole number of registered names of members on the list is eighty-two. Of these about half are active members, and pretty regular attendants. It would be well to increase our list of active membership.

Since our organization some of our number have removed

to other fields of usefulness; some have found it inconvenient to attend the meetings as often as they desired; some have voluntarily absented themselves; and we sadly regret the absence of others who have nobly finished their life-work. We shall receive no more scientific essays and reports from our late Corresponding Secretary, Professor Frost; and no more shall we welcome to these gatherings the genial Dr. Potter and the venerable Dr. Clary. But long may we feel the influence of their wise counsels and many excellent traits of character.

The Secretary read the following:

CLINICAL EXPERIENCE WITH BAPTISIA AND GELSEMINUM IN TYPHOID FEVER.

BY J. T. GREENLEAF, M.D.

Perhaps no remedy in our *Materia Medica* has oftener been prescribed empirically than Baptisia, and even when so prescribed no one of them has the deserved credit of aborting typhoid fever, and of saving life oftener, in cases rendered desperate by the long and debilitating drain upon vitality caused by the same malady. I say "deserved." If not deserved, and the recovery is due in such cases to the recuperative power of nature, the coincidence between the exhibition of Baptisia and the almost immediate initiatory action of that power is, to say the least, very remarkable.

The symptomatology of Baptisia in Allen's admirable *Encyclopedia* is mainly subjective, and will be available in guiding one who does not know it experimentally, in its use in that sphere of its action where it is employed to abort typhoid fever.

By "typhoid fever" I mean, not the typhus of the books, nor the typhoid of Germany, France and England, but that troublesome and often fatal malady that we have to contend with nearly every month in the year. In my humble judgment it is useless for us to talk of diseases as they ought to be; we must, to gain or impart anything of real value, deal with maladies just as they are here at home.

The treatment of this fever is, to me, nervous work, for one can never know, let him watch never so closely, just how a given case will turn; fever patients are never so low but that they may get well, and never doing so well but that they

pass on to death at a much earlier time than any one looks for or expects.

In my few years of practice, my attention has been directed rather to the aborting of this fever than to the treatment of those cases which have passed or are passing on through its successive stages.

Gels. will abort about 60 per cent. of all such cases as I have met. If it fail in 24 hours I follow with Bapt. as a general thing, and this will add about 20 per cent. to the above.

I fail to get, in what I am in the habit of styling threatened typhoid, the characteristic, full, bounding pulse of Acon., and more frequently find a quick, excited circulation, much chilliness, general malaise, much soreness over the whole body, sometimes localized pain, sometimes general or flying pain, and partial suppression of secretions. Gels. has almost invariably been exhibited by me in such cases with results as above. Have given it in nearly all potencies, from the mother tincture to the 200^m, with nearly the same effect. The more profound the depression and general malaise, the higher the potency; the longer the symptoms have existed, the higher the potency. The stronger and more plethoric the patient, the *lower* the potency. The more susceptible to mental impressions and the greater the fear of a "run" of fever, the higher the potency.

Gels. has either failed utterly or brought about one of three conditions:

First. Partial resolution; a little scanty perspiration of a sticky character will obtain, the pains will abate, the soreness continue, and after noon or one o'clock of the day after the administration of the Gels., the fever will rise, but not so high as on the day before; no appetite; secretions still suppressed. Here give Bapt. Have never given Bapt. above the 30^m, but have seen as good effect from that potency as from the tincture.

The tincture will cause a very perceptible depression if continued longer than 12 hours, but that can be avoided by using the 3d or 6th. From the supplementary action of the Bapt. one will, in this way, get just the very action which was expected of the Gels. at first. That is complete resolution. If Bapt. fails one here, the regular 21 days' siege may confidently be expected.

Second. Gels. may accomplish complete resolution alone.

Third. The main symptoms may abate, and some localized

symptom or train of symptoms obtain, which will be removed by the appropriate remedy.

In some cases a domestic sudorific has been given without effect when one first sees the case. Here is a chance for a fatal mistake; if little or no perspiration has followed, and all symptoms *are aggravated*, or if no change has taken place, Gels. is the remedy. If some or even profuse perspiration has been observed, with partial abatement only, to give Gels. would waste the most precious 12 hours of the time for relief, as no gain would be effected. Give *here* Bapt.

There is a sphere of usefulness for Bapt. at the close of the third week in typhoid, when resolution and recovery seem hanging in the balance, where the indications for other remedies may be prominent, and will be successful, or where they are very indefinite, and the practitioner is in very grave doubt. In many such cases I have prescribed Bapt. with success, but why I did so or on what indications I cannot tell. If the reaction has been feeble all through the course of the fever, and the recuperative power of the system seems feeble, I should recommend Bapt. at this time.

Many mild and apparently benign cases of pneumonia, scarlatina, or even rubeola, will suddenly take on a typhoid phase, and just here where the system seems sinking under the new attack, in the inception, Bapt. will prove a saviour.

The exact indications are as yet unwritten, and it is very difficult to differentiate between Bapt., Rhus, Phos. ac., Arn., Sulph., or Psorin. If I may be allowed to use so vague an expression, I should say that the great keynote of the action of Bapt. is, that it strengthens or augments the recuperative power of nature, particularly against typhoid poison, or that unnamable poison which develops typhoid symptoms.

DISCUSSION ON BAPTISIA AND GELSEMINUM.

Dr. Swift had had considerable experience in the treatment of both typhoid and typhus (ship fever). He found that typhoid fever, in some cases, might when treated with proper remedies have a favorable turn on the seventh day, otherwise it would run its course of two, three or four weeks. But he never knew typhus to be aborted. The latter was contagious, and it ran its prescribed course of several weeks. He thought Dr. Greenleaf was very fortunate and successful if he could abort 80 per cent. of his cases of typhoid fever. Dr. Swift

never met with any such success, and he doubted whether any one else had in genuine typhoid fever. He said he thought Dr. Greenleaf practiced in Oswego, where fevers were usually of a bilious character. But any kind of fever might assume a typhoid form.

Dr. Adams doubted whether typhoid fever could ever be aborted, that is, cut short within seven days.

Dr. Seward questioned the propriety of using the term abortion to signify cutting short a fever.

Dr. Hawley said that the distinguishing feature of typhoid fever was an inflammation of Peyer's glands in the small intestine. If a case of fever could not be typhoid, unless it passed through all its stages to a fatal termination, then typhoid fever could not be aborted. He related his experience recently in the Keble School, which was broken up by typhoid fever. After there had been one fatal case in the school, he treated the second case. A lady inquired if he could cure the fever. He replied that he thought he could. An allopath had told her that typhoid fever could not be cured, and she said if this patient should get well she should then know that the case was not typhoid fever at all. But he saved the case, and he had aborted a majority of his cases of typhoid fever. These were generally characterized by great prostration, more or less of delirium, sordes on the teeth, and tenderness in the right iliac region. But he never succeeded in such cases except when the patient in early stages abstained from food. In one case of this fever the patient in his delirium thought he was scattered about in different places, and he worried because he could not get himself together again. Almost immediately after commencing with Baptisia the fever began to abate, and it was cured in six days from the onset. He never used Gelseminum to any extent, but he thought it was not indicated when there was a black tongue. He wished to learn the characteristic indications of Gelseminum and Baptisia in typhoid fever.

Dr. Brewster had often prescribed milk diet with benefit in typhoid fever, and he had never observed any bad effects from it in any stage. He had known many physicians to prescribe this diet in such fevers.

The Secretary read the following paper:

COMPARISON OF BAPTISIA AND GELSEMINUM.

BY H. V. MILLER, M.D.

Both these drugs are characterized by great muscular prostration, and a full, soft and somewhat accelerated pulse, but *Baptisia* may have a slow and weak pulse, or a pulse at first accelerated, and afterwards very low and faint. There is usually no thirst in febrile conditions for which *Gelseminum* is the appropriate remedy. In *Baptisia* the hands are tremulous and there is great weakness of the legs. And generally with a feeling of great weakness there is a great deal of trembling, and no disposition to move. In *Gelseminum* the tongue trembles when trying to protrude it, the hands tremble when lifting them, and generally there is complete loss of muscular power with inability to move a limb, or raise the eyelids. *Baptisia* has not only great physical prostration, but also great mental weakness, confusion of mind and inability to think or to remember anything. While answering a question in the middle of a sentence the patient falls into a deep sleep. This remedy is characterized by stupor (*Hyos.*) or a stupid delirium. Sometimes various parts of the head and person seem to be carelessly scattered about, and the patient is worried that he cannot get himself together. Both have face dark red, with venous congestion, but *Baptisia* has a besotted expression, and with the headache there is a tendency to delirium. On the other hand, in *Gelseminum* there is not only great debility, but actual paresis. The will-power remains intact, but the muscles are weak or paralyzed and unable to obey the will. Besides general paresis, there is local paresis of the glottis, the iris, the eyelids, the superior oblique muscles of the eyeball and the sphincter ani and vesicæ. It has paralytic dysphagia, dilated pupils, diplopia, complete blindness, seeing smoke before the eyes and distant objects appearing obscure.

In *Baptisia* the head and hands feel large and the head feels heavy. *Gelseminum* is indicated when the head feels heavy, premonitory of spasms. Also when heaviness of the head (uræmic) is relieved by profuse micturition. It is the remedy in convulsions induced by menstrual suppression, and primarily caused by rigidity of the os uteri. Also in dysmenorrhœa and spasmodic labor-pains caused by rigid os. *Gelseminum* is strongly suggested when delirium comes on as soon as the patient falls asleep, and when he wakes from headache

or colic. And it is indicated in nervous headache suddenly coming on, proceeding from the cervical spine, and thence spreading all over the head. Baptisia has some frontal headache with pressure at the root of the nose (Wallace), also dull occipital pain. Both drugs have sensation as if the skin of the forehead were contracted, and Gelseminum has pain as from a tape around the head. This remedy has a moist, white or yellowish-white furred tongue. Baptisia has yellow-coated tongue, yellow along the centre, or tongue dry and smarting as if burnt. Also waking from sleep with dry, burnt tongue, and profuse salivation and ulceration of the buccal cavity.

Both these drugs powerfully affect the liver. Among the bilious symptoms of Gelseminum are yellow color of the face and sclerotica, yellowish-white fur on the tongue, with putrid breath and fetid taste, and much flatulency, and flatulent colic. Its loose stools are of a dark color. And I think its diarrhœa, occasioned by any exciting news, is dependent upon hepatic derangement as well as nervous excitability. Some of the bilious symptoms of Baptisia are yellowness of the face, yellow furred tongue, colic and flatulence, dark diarrhœic stools, pains and soreness in the hepatic region, and severe pain in the region of the gall-bladder. Also putrid taste and fetid breath, perspiration, stools and urine. Gelseminum has no pains in the hepatic region.

Gelseminum has oppression, with dull pains in head, back and limbs, while Baptisia has intolerance of pressure when lying, and soreness, and bruised-like pains of the parts on which one lies. The latter symptom is suggestive of Arnica. In dysentery Baptisia resembles *Mercurius cor.*, being indicated by violent colic-like pains before stool, and great tenesmus, with discharges of pure blood with very little mucus.

Gelseminum has coldness and relaxation of the genitals. It also has bad effects from fright or fear, as abortion and diarrhœa, whereas Aconite is indicated in fear of losing health, life or reason. In labor, Gelseminum has severe cutting pains, extending to the back and hips, or abdominal cutting pains extending from before backward and upward, rendering the labor pains useless. These cuttings are spasmodic, coming on with every labor pain (rigidity of os uteri).

Both these drugs affect the great sympathetic and cerebro-spinal nervous systems, the vaso-motor nerves and the portal system.

Baptisia affects the intellectual sphere more profoundly

than Gelseminum, while the latter remedy more prominently affects the anterior spinal nerves, causing spasms or paresis. But the great distinguishing feature of Baptisia is that it produces inflammation of the mucous membrane of the intestinal tract and of the solitary and agminated glands. Hence its greater importance in typhoid fever, being indicated by the mental confusion, the delirious stupor, dark redness of the face, injected eyes, dry, brown tongue, general prostration, fetid fecal discharges, etc. While Baptisia affects the tongue from derangement of the liver, stomach and bowels, Gelseminum affects the tongue from derangement mainly of the stomach and liver. And Gelseminum is often indicated in influenza, catarrhal fever, and any fever without thirst, and with great loss of muscular power. And in typhoid fever it is indicated by trembling of the tongue when trying to protrude it (Lachesis), delirium as soon as the patient falls asleep, trembling of the limbs when moving them, and acceleration of the pulse by lifting or turning the patient.

Dr. Doane, of stentorian voice, substantially spoke as follows:

He said typhoid fever was a *specific* disease. It was an enteric fever. There was an inflammation of the bowels in the first stage. This was the pathology of the disease! If this inflammation were allowed to progress, it would result in ulceration of the bowels. Aconite was good in other fevers, hence it was good in typhoid fever. If given in time it might arrest the fever in the *inflammatory* stage, and thus prevent ulceration. He always used Aconite as an *antiphlogistic* in typhoid fever, and he believed it was the great specific in this disease, being superior to Baptisia, Gelseminum or any other remedy, though in certain conditions other remedies might be thrown in as a secondary matter to palliate symptoms. He always used Aconite from beginning of treatment to its close. Belladonna, Rhus tox. and other remedies might be appropriate in certain conditions, but Aconite was the sheet-anchor. It tended to remove the cause by removing the pathological conditions characteristic of this fever. He argued and prescribed from a pathological standpoint. Characteristics were of no account with him—he battled with pathological conditions. He thought it better to prescribe for disease according to its pathological conditions, and to select a remedy according to its known pathological conditions, than to attempt to use characteristics as the guide. We must not ignore the pathological experience of fifteen hundred years.

Dr. Gwynn. In regard to pathological conditions, there is often in the present state of our knowledge a great deal of guesswork and uncertainty until a post-mortem is made. He presumed that Dr. Doane was joking about Aconite and pathology.

Dr. Doane replied that he was in dead earnest.

Dr. Gwynn was educated by the venerable Dr. McCarty to carefully compare the symptoms of a case with several drugs more or less indicated, and select the drug that most nearly corresponded to the case. This involves some labor, but in the end it pays best.

Dr. Hawley said a *small dose doctor* who prescribed simply according to the names of disease was just as good an allopath as anybody. The small dose did not constitute a homeœopathist, but proper discrimination was essential.

Dr. Schenck once fired at a flock of pigeons without aiming at any particular one, and he didn't hit any one. That was like prescribing for the name of a disease.

ACONITE CONTRAINDICATED IN TYPHOID FEVER.

BY H. V. MILLER, M.D.

"Cheirisophus was now dead from having taken some drug during a fever."

Aconite is sometimes used as a grand specific in typhoid fever on the ground that this disease is caused by an inflammation of the bowels, and hence that it should be treated antiphlogistically with Aconite the same as any other inflammation. On precisely the same ground bloodletting has been persistently resorted to allopathically in this disease almost from time immemorial, though the resulting percentage of mortality proved very great. It was supposed that the few fortunate survivors were actually saved by this treatment until it was found that a much larger percentage recovered on the expectant plan. But bloodletting is now universally declared contraindicated in typhoid fever. This treatment succeeded better, however, in early stages of inflammatory fevers, characterized by an excess of fibrin in the blood. In such cases Aconite is now in all schools prescribed as a good substitute for the old antiphlogistic treatment. But in typhoid fever any antiphlogistic treatment is contraindicated because there is no active inflammatory fever to be reduced. And local inflammations are not always successfully treated with Aconite, even in early stages, because they are not always characterized

by an excess of fibrin in the blood. Belladonna is often a better remedy in local inflammations. Hughes states that Aconite alone will cure but few forms of local inflammation. These are croup, pleurisy, quinsy, and inflammatory rheumatism—all characterized by an excess of fibrin in the blood.

To this list he might have added peritonitis. There are local inflammations in hectic and typhus fevers, but no one would use Aconite as a specific in these fevers.

As a febrile remedy Aconite is appropriate only in active forms of fever characterized by an excess of fibrin in the blood, especially in early stages. Before prescribing Aconite in a case of fever, it might be well to examine the pulse and consider the state of the nervous system. This remedy will be found well indicated when the pulse is full, hard, and frequent; when the action of the heart and arteries is excessive, and when there are great thirst and febrile heat, red, scanty urine, restlessness, distress, impatience, and anxious tossing about.

In typhoid fever there is depression rather than excitement of the nervous and sanguineous systems, and the pathological conditions of this fever are entirely different from those of inflammatory fever. While in active inflammation there is an excitement of the heart and arteries, and congestion and dilatation of the capillaries, resulting in pain, heat, redness, and swelling, typhoid fever is characterized pathologically by inflammation, followed by ulceration of the glands of the small intestine, attended with engorgement of the mesenteric glands. Also by more or less inflammation of the mucous membrane of the intestines, impoverishment of the blood, and disorganization of the blood-corpuscles, indicative of prostration, the pulse is feeble and more or less accelerated, and always synchronous with respiration.

Aconite is not suitable for such continued prostration, but rather for some cases of sudden prostration, as in the first stage of cholera previous to the vomiting and diarrhœa.

Compared with Arsenicum and Baptisia, Aconite does not produce much irritation of the mucous membrane of the intestines, and it bears no curative relation to affections of the intestinal and mesenteric glands. Hence it can be no more indicated in typhoid fever than in tuberculosis. As in tuberculosis, one of the causes of prostration in typhoid fever is the engorgement of the mesenteric glands, which obstructs the repair of tissues. On the other hand, in an Aconite fever

the prostration follows the excessive arterial excitement. If Aconite be ever indicated in typhoid fever, it must be in some rare cases characterized by great arterial excitement. Some of the abdominal symptoms of Aconite indicate peritoneal inflammation, but in constipation and diarrhœa its curative sphere is comparatively limited, yet these conditions almost always exist in different stages of typhoid fever. There is not much sensibility of the mucous membrane of the small intestines. Hence in this fever the ulceration may and often does exist without being detected, and it may progress until a fatal hæmorrhage occurs. So in pneumonia uncomplicated with pleurisy, there is little or no pain, and the real nature of the disease may not be discovered. In such conditions Aconite is seldom indicated. Hahnemann states that when well indicated Aconite will abate a fever (synocha) within the short space of three or four hours. Such is his experience. Hughes affirms that there is no use in continuing Aconite more than twenty-four hours in any case of fever except the rheumatic, unless within that time it produces some perceptible abatement of the febrile symptoms. Yet we have heard of Aconite being used right along in typhoid fever for two or three consecutive weeks, provided the lamp of life obstinately held out to burn for so long a period. Since Aconite is such a splendid remedy when indicated in catarrhal fevers, some jump at the conclusion that it is equally good in almost any other form of fever. In my early practice I committed the same blunder, and empirically treated several cases of pneumonia and typhoid fever with this remedy in low dilution. To my surprise, I found that these cases continued right along apparently uninfluenced, if not damaged, by the treatment. Since that time I have often abated and even aborted typhoid fever with Baptisia, Bryonia, Rhus tox., or Sulphur, but never with Aconite. And I have been led to the conclusion that remedies suitable in typhoid fever must be asthenic or appropriate for debilitated conditions, having a specific action upon the glands and mucous membrane of the small intestine, and upon the mesenteric glands, and corresponding to the symptoms of blood-poisoning, the nervous depression, the vital prostration, and all the indications of serious digestive and nutritive disturbance.

Dr. Benson. The greater our experience with remedies in the treatment of fevers the less we use Aconite.

Dr. Brewster read the following paper :

INDICATIONS FOR REMEDIES IN TYPHOID FEVER.

GROUPED BY DR. BREWSTER.

Hartman says: "If typhus *should* set in with the symptoms of a synocha, such as violent dry heat, burning skin, alternate redness and paleness of the cheeks, great crethism of the nervous system, restlessness, moaning, tossing about, apprehensive anxiety, painful congestion of blood to the head, vertigo, nightly delirium, dry cough which racks the abdomen, Aconite is to be exhibited, and should be repeated as the intensity of the fever requires. If there should be no abatement of the fever, or if other dangerous symptoms should make their appearance during the use of Aconite, the continued exhibition of this remedy would be *highly improper*, and would involve an irreparable loss of valuable time."

The above is a picture of Aconite in typhus; and if given early enough, may abort the fever, because its type is synochal, for which Aconite is almost specific. But we are cautioned not to continue its use.

The venerable founder of homœopathy, in his proving of the *Aconitum napellus*, has given us careful observations which deserve the strictest attention, viz., that Aconite causes a prompt removal of inflammatory action without *consecutive effect* in fevers called *purely inflammatory*.

It acts magically in measles and other eruptive fevers, and is an indispensable remedy in the most obstinate chronic affection in which the state of the body requires a diminution of what is called rigidity of fibre.

Also in local congestions and congestive inflammation with great crethism of the nervous and vascular system; congestions of the head, heart and chest.

Take another picture:

In the commencement of typhus, if unimportant symptoms such as a single vomiting, a diarrhœic stool, a little pain, etc., should be accompanied with great debility, obliging the patient to lie down, and with drowsiness, the sleep being nevertheless disturbed by restlessness and anxiety, with burning heat, soon after the seated characteristic burning pains in one side of the abdomen make their appearance, with sensation as if a heap of incandescent coal were deposited in that region, with coldness of the limbs and parchment-like, dry hot skin, panting for drink, petechiæ and white miliaria.

The patient complains of giddiness, with buzzing in the

ears and hardness of hearing; the countenance is pale, livid and distorted in a peculiar manner; aphthæ form in the mouth, with frequent inclination to vomit, occasioning a faint feeling every time the inclination occurs; meteorism, with burning and excoriating alvine evacuations, consisting of a yellow water, with cadaverous smell, and passing off without the patient being conscious of it.

(Arsenicum is the remedy. M.) Hartman.

Take a third picture.

After a slight cold, the patient complains of a pain as if bruised in the whole body, everything upon which he is lying is too hard for him; the beating, pressing pain in the forehead, from within outward (Baptisia, pressing inward) is especially distressing to the patient when looking up or moving his eyes. The scalp is painful to touch, and the head burns like fire, in spite of which the forehead is sometimes covered with cold sweat, debility, weariness and weight in the limbs, which oblige him to sit or lie down, with dread of the open air; the night's rest is disturbed by erethism of the circulation, heat and anxiety, especially in the hour before midnight; the patient moans during sleep, and is waked by anxious and frightful dreams, which continue even after waking. A characteristic symptom in the commencement of the Bryonia typhus, is the alternation of heat and chilliness, the former in the morning, the latter in the afternoon and on going to bed; the thirst is moderate, but there is vertigo, increase of headache, and excessive erethism of the nervous system. Gastric symptoms are present; the patient complains of bitterness in the mouth, dryness and yellow coating of the tongue, aversion to food, nausea with inclination to vomit, pressure and stinging in the pit of the stomach, sensation in the hypochondria as if they were distended, difficult stool.

BAPTISIA IN TYPHOID FEVER.

It is said that the effects of this remedy upon the head resemble Bry., Gels., Arn. and Muriatic acid. The following are some of the symptoms:

Feeling as if the skin of the forehead would be drawn to the back part of the head; great tightness of the skin of the forehead, with pressive pains in the right temple; feeling as if the head was too heavy; numb feeling of the head and face.

A feeling as if the forehead would be pressed in (*Bry. pressed out*); dull, heavy, pressive headache. Burt.

Typhoid diseases, with stupor, delirium, eyes injected, tongue coated brown, dry in the centre, very offensive breath, sordes on the teeth, diarrhœa, with great fetor of the stools and urine. Small.

She cannot sleep because she cannot get herself together; her head feels as if scattered about, and she tosses about in bed to get herself together. Bell.

CLINICAL CASES.

In Hectic Fever.—The patient cannot sleep; thinks she is in two parts, and, when she gets through with a violent paroxysm of coughing, says she *must* keep awake while the half coughs; thus the alternate coughing of the two halves kept her awake the whole night.

Take another case:

A Mrs. C., a middle-aged lady, was taken with violent, pressive headache; the skin of the forehead felt as if drawn tightly and to the back part of the head; a feeling as if the forehead would be pressed in; soreness as if bruised of the whole body, and especially the legs; is sure that she will have the typhoid fever. Cured by one dose of Baptisia.

A CASE OF ACCIDENTAL POISONING BY GELSEMINUM.

Mrs. V., a young married lady, took on the morning of the 4th of August, before breakfast, a teacupful of a strong decoction of the Yellow jessamine root. In a few minutes said she could not see; her head felt strangely. She called in some of the neighbors, who gave her an emetic of mustard, which caused vomiting before the writer arrived. On reaching the house, found the patient in the following condition: Could not see; the blindness was complete. Neither could she talk or swallow; the glottis was spasmodically closed. She could moan, which she did almost continually; but the power of articulation was gone. Great trembling, with anxiety; was afraid she was going to die, and was very anxious to know if anything could be done. Face swollen and of dark color; eyes distended; pupils dilated; great prostration; pulse small and rapid; tongue and throat very dry.

Dr. Adams. The case of Gelseminum poisoning reported by Dr. Brewster shows the distinction between the pulse of

this remedy and that of Aconite. The former has a full, soft pulse. He often used Gelseminum for headache with sensation of a band around the head. It was also indicated by same sensation about the waist, and by bearing down in the abdomen.

He cured a case of blindness, with sensation as if something like a skull-cap shut down upon the head and face. This symptom he had previously noticed in a case of accidental poisoning with Gelseminum.

He often used Gels. in labor, with wrangling pains and cold feet.

Dr. Gwynn inquired what antidote Dr. Brewster used in his case of Gelseminum poisoning?

Dr. Brewster used Aconite placed on the tongue for spasm of glottis, inability to swallow, and the anxiety, which is greater than that of Aconite. As soon as the patient could swallow he gave strong coffee. An emetic had previously been given.

Dr. Seward, in the following paper, gave his experience with Gelseminum in cases of labor and abortion to dilate the os uteri, promote expulsive pains, and arrest uterine hæmorrhage.

EXPERIENCE WITH GELSEMINUM.

BY S. SEWARD, M.D.

My use of Gels. has been quite limited. I have used it mostly in labor at full term, and in abortions to hasten labor and lessen hæmorrhage.

I have given it in natural labors, when the labor was slow, the os soft and some dilated, to hasten the labor; and am quite sure it has done so, and will lessen the tendency to hæmorrhage.

I have used it the most in abortions, both to hasten the expulsion and lessen the hæmorrhage.

I believe it effects this by increasing the tonic contraction of the uterus, and by relaxing the os uteri at the same time.

I have used it in the lower potencies from the first to the sixth, and repeated it in fifteen to thirty minutes, or sixty minutes.

Dr. Seward had found Gelseminum important in diarrhœa, particularly of public speakers, occasioned by excitement.

Dr. Frye. It was often used in the army for diarrhœa caused by excitement on going into battle.

USES OF GELSEMINUM.

BY DR. MARY A. GARRISON.

This drug is used in the "old school" as a febrifuge and antispasmodic. It is used in chorea, bilious colic, nervousness, and peevishness, headache, rheumatism, and gonorrhœa, especially in the eclectic school. It is related to Aconite, Ipecac and Opium. Large doses cause dizziness, dilatation of pupils, *obscure* vision. Muscular prostration; pulse weak and slow; insensibility to pain, when taken in large doses, without delirium. First voluntary muscles, then involuntary; depression and paralysis cerebro-spinal and nervous system; grief; bereavement, and continued sense of peril. Excitement causes diarrhœa; hysteria in plethoric women; stupid comatose condition in fevers (Stram., Hyos.); unconnected ideas; headache and *double vision*; eye diseases; all complaints from cold, damp weather; tonsillitis; diphtheria; red-purple, bloated face, and chills in back; spasmodic neuralgia; dysmenorrhœa; labor pains too high; false pains (Opium) during pregnancy; acute diarrhœa; great pain and inflammation, and scanty discharge; *fever* predominantly; *cold, early* chills along the back; hands and feet cold; *face* and *head hot*; crimson look like typhus; soft rapid pulse; patient lies quiet (Rhus); drowsy; complains of deepseated pains in bones.

Dr. Young was often surprised with the splendid effect of Gelseminum in cases of labor with rigid os. He used the third dilution. It was about the only remedy he did use in labor. He wondered how it could be successfully used to prevent abortion.

Dr. Seward. Try the tincture for that.

Dr. Benson. Dr. Boyce obtained from Dr. Lippe an indication for Gelseminum in typhoid fever. It was excessive prostration.

Dr. Benson always got great satisfaction in the use of Gelseminum 1st for *spermatorrhœa* characterized by *great prostration*.

Dr. Brewster. Gelseminum has constant tremor, great anxiety and perfect muscular relaxation. Aconite has less tremor and anxiety, and it has rigidity of fibre instead of relaxation.

EXPERIENCE WITH BAPTISIA AND GELSEMINUM.

BY L. B. WELLS, M.D.

Gelseminum is analogous in its therapeutic effects to Aconite, Bell. and Bry., and will often in certain acute attacks supersede the necessity for either. It is more especially related to active congestion, especially when caused by taking cold, attended with headache, more in the occiput, with pressure, with severe pains in the back and limbs, and will often arrest the first attack of fevers caused by taking cold. Not adapted to malarial fevers. In cerebro-spinal meningitis it may be considered the first remedy. If it does not entirely remove the disease, it so far lessens the violence of the attack as to render the action of other remedies more favorable. In neuralgia of various organs, cephalalgia of a nervo-congestive form, in sciatica, etc., it is to be consulted.*

Baptisia has a more special relation to diseases of mucous membranes of a subacute form, with fevers of a typhoid tendency. In subacute gastritis I have derived satisfactory results in several cases. In diphtheria this may be used with decided advantage. Baptisia, with Kali bich., has carried me through many cases of diphtheria, where the symptoms especially corresponded to these remedies. Of course each individual case must be made a careful study of in relation to the pathogenesis of a drug.

I have thus given a few hints of a practical nature, of the relation of these two drugs to diseases of a common type, and a thorough study will give us a clue to more important developments of two of the most important remedies in our *Materia Medica*.

Dr. Doane found Gelseminum a very valuable remedy in cerebro-spinal meningitis. He cured many cases with it. And in neuralgia of the fifth pair of nerves, it was the best remedy he ever used. Sometimes a single dose cures.*

Dr. Hawley. Shall I empirically prescribe Gelseminum for every case of cerebro-spinal meningitis and trigeminal neuralgia, even when other remedies are suggested by the symptoms?

Dr. Doane found it convenient in his practice to classify remedies as febrifuges, antiphlogistics, etc.

* A gentleman of leisure, who is introducing the practice as far as possible in allopathic families, informs me that he gave a patient Gels. 30, for sciatica, and it resulted in a permanent cure.

Dr. Wells found Gelseminum the best remedy to promote perspiration of all remedies in the *Materia Medica*.

(It is then the great sudorific.—M.)

Dr. Gwynn, with a diagram, illustrated the application of remedies on the characteristic plan.

The Secretary read the following papers:

LEAVES FROM DR. J. F. BAKER'S FORTY YEARS' .
PRACTICE.

Cure of Hernia.

During a general practice of about forty years, I have had considerable experience in the homœopathic treatment of herniæ, having cured in all about twenty cases.

Right-sided Herniæ.—More than two-thirds if not three-fourths of my cases were located on the right side. And invariably, for right-sided inguinal or scrotal herniæ, I have found that *Lycopodium*^{4m} was a specific (Lippe). Of this potency I usually give one dose a day for three days only. In many cases the tumor disappears within a week. In less than half an hour I once entirely relieved a case of right-sided hernia with *Lycopodium*²⁰⁰. About three years ago, with *Lycopodium*^{4m}, I cured a case of irreducible right-sided hernia. During the two previous years many surgeons had tried taxis in this case and failed. Four doses, one every four weeks, effected a perfect cure, and there has been no return of the complaint. About two years ago, with *Lycopodium*^{4m}, I cured a case of right-sided inguinal hernia of sixty years' standing, for an old lady. Previously, she never could endure the pain of standing five minutes at a time without her truss. In four or five months after commencing the treatment she could leave off her truss in the morning until she had finished her morning work, and then there would be some pain and she would wear the truss the balance of the day. Gradually she left it off longer and longer, and finally altogether. I sometimes alternated the 200th.

Umbilical Herniæ.—This variety I have cured with *Nux vomica* or *Cocculus*. But one case I cured with *Aurum*. When constipation is an attending symptom, my remedy for the whole case is either *Nux vomica* or *Cocculus*, generally the former. Other indications for *Nux vomica* in herniæ are: constipation, with frequent desire without result, and bad feeling about the stomach, as if the clothing were too

tight, worse in the morning and after dinner. In *Nux* constipation there is generally ineffectual urgency to stool. When there is no urgency, I think of *Bryonia*, *Natrum mur.*, etc., though these remedies are not important in herniæ. When *Nux* fails, I use *Cocculus*.

Triple Hernia.—Many years ago I cured a boy who had three herniæ, umbilical and right and left inguinal. He also had chronic diarrhœa, which suggested *Veratrum album*. In about six weeks I cured the whole case with *Veratrum alb.*, followed by *Lycopodium* 200th.

Opacity of the Cornea.

I have treated and cured many cases with *Arnica*. Some of them were of scrofulous origin, none syphilitic. Besides keratitis there was conjunctivitis, but with no dread of light. In some cases, the opacity and blindness were of years' standing.

Piles.

Æsculus hip. is best indicated for piles when there are beating and throbbing in the abdominal or pelvic cavity as a concomitant. (Hale.)

CLINICAL CASES.

BY E. B. SQUIER, M.D.

Phosphorus in Retinitis Albuminurica.

Mrs. S——, age 20 years. First called to attend her in a miscarriage at fifth month of first pregnancy, which was at the time supposed to have been brought on by fright while at a theatre. Erysipelas set in, following the miscarriage, and for several days she was in a very serious condition. She gradually improved, however, under the use of *Rhus tox.*

Following this, she had a constant discharge from the uterus, consisting of a dark, offensive fluid, mixed with clots. At this time the patient had improved so much that she was able to be about the house and to do her own work, and was not seen again until about five weeks later, when I was called to see her, being informed that she was nearly blind. I found her very pale and anæmic, the face having a waxy appearance. Had frequent attacks of nausea and vomiting, especially a short time after eating or drinking. Complained of great weakness of the lower limbs. Had palpitation of the heart upon the least exertion. The action of the heart was

quick and loud, the pulse soft and weak, not corresponding in power to the heart's action. Complained of pain and soreness in the eyes. A sensation of fulness in the globe. Said objects looked indistinct. The vision was much impaired, being able to count fingers, with right eye only, at a distance of ten feet, left eye, five feet. Upon ophthalmoscopic examination, there were found the characteristic symptoms of retinitis albuminurica, viz., the stellate white spots in the macula lutea and the large whitish patches surrounding the disk. Exudations of blood were noticed, both in the retina and upon the disk. These are due to the diseased condition of the coats of the retinal vessels, to the stasis in the retinal circulation, produced by the swelling of the optic nerve, and to the disturbance in the general circulation, caused by the hypertrophy of the left ventricle. The spots in the macula lutea are owing to the fatty degeneration of the connective-tissue fibres, their stellate appearance being due to the peculiar anatomical arrangement of the radial fibres at the yellow spot. (Schweigger.)

The larger patches are supposed to be due to the fatty degeneration of the cellular and connective-tissue elements of the retina, more especially of the external granular layer. (Wells.)

In some cases these are very prominent, presenting the appearance of a snow-white mound. This is thought by some oculists to be due, in a measure, to an effusion of lymph.

In this case there was hypertrophy of the left ventricle. In thirty-two cases reported by von Graefe, this was found in all. The urine was pale and slightly increased in quantity. It contained a large amount of albumen, and under the microscope it revealed epithelial casts.

The metrorrhagia has continued from the time of the miscarriage. Prescribed Phos., 30th trit., three times daily. Ordered to stop all work; take nourishing food; no tea or coffee; tepid bath in morning; all the moderate exercise she could bear, and to abstain from sexual intercourse.

At the end of two weeks, found patient much improved, the nausea and vomiting stopped, also the metrorrhagia. She had no pain in the eyes and did not complain of the haziness of vision. Vision equalled $\frac{20}{100}$. There was less albumen in the urine.

Continued drug, and two weeks later found her so much improved in strength that she thought she could again do her

own work and return to former habits of diet, etc., and persisted in doing so.

Six weeks later was sent for, and found her in a much worse condition than ever before. Very weak and pale. Could hardly get up and down stairs. Occasional nausea and vomiting. Pulse small and weak. Face swollen. Feet and legs swollen, especially towards night.

Rx. Phos. 200th and same hygiene as before.

When a girl of sixteen, she had acute Bright's disease, treated allopathically.

I gave an unfavorable prognosis from the first, the more so because I could not control her surroundings, which were bad.

Being struck by the similarity of the conditions with the degenerations produced by Phosphorus, I was led to prescribe it in this case, and I have no doubt that it will be an important remedy in Bright's disease.

Fatty Tumor in the Heart.

A. A., male, aged 25 years. Dead from tuberculosis.

Extensive cavities in both lungs, the remaining lung-tissue being filled with pus and tuberculous deposits. Mesenteric glands tuberculated. Liver, spleen, pancreas, and kidneys normal in appearance.

The heart-muscle was found to be somewhat wasted and softened. In the cavity of the right ventricle, loosely adherent to one of the tricuspid valves, was found a fatty structure, resembling in appearance a simple fatty tumor, measuring about one and a half inches in length by one-half inch in thickness, and weighing about four drachms. Extending into the aorta, and attached to one of the semilunar valves, was another formation, like in structure but differing in form, this being about five inches in length, three to four lines in thickness. Under the microscope the structure of these growths was found to be of cells, similar to natural fat-cells, interspersed with areolar tissue. During life, this patient had shown no symptoms of heart disease.

REPORTS OF SURGICAL CASES.

BY T. DWIGHT STOW.

Although the drugs Baptisia and Gelseminum are to be

discussed to-day in their pathogenetic and curative relations to the human or animal organism, pardon me for offering a little relating to surgery, that indispensable handmaiden of therapeutics. And I venture further in trespassing on your time, and in marring the order and limitation of the work mapped out for this day, because so little of surgery is reported during your deliberations, and I deem it well, even in a short and limited statement, to refute the unjust and malicious statements of the allopathic school. Say what we will, think as we may, the days of persecuting "for righteousness sake" are not over, and "eternal vigilance is the price of liberty" still! Homœopathic practitioners are, as in the past, charged with neglecting and ignoring surgery, and with being too ignorant to practice it. The truth is, humanity is greatly indebted to pure and refined homœopathy for much of the conservatism of surgical practice. Since the birth and advent of homœopathy, many a tumor, many a malignant growth, many an ulcer, many cases of cataract, of strabismus, of fistula lachrymalis, of pterygium, of ulcerative conjunctivitis, of ophthalmia, which before brought into requisition the knife, the cautery, or the painful escharotic, have been swiftly, beautifully cured by homœopathic means. Further, how justly may we cite the benign and wonderful effects of homœopathic remedies in the treatment of anthrax, erysipelas, neuralgia, odontalgia, malignant pustule, suppurative and desquamative inflammations, in uterine and vaginal congestions and inflammations, when, in allopathic practice, not only very absurd but painful and irritating general and local treatment used to be and is resorted to. Furthermore, after operations, how much of delay, risk, suffering are saved; how much of the baneful effects of anodynes, of cathartics, of stimulation on the one hand and of depletion and depression on the other, have been and are saved through homœopathy in its varied and harmonious relations to nature and disease. As a conservator of vitality, and of natural functions and forces, the *true* homœopathist diminishes the demand for or recourse to the stern and heroic operations known to surgery. I have always liked the study of, and desired to practice, surgery. But my desires and aims have been intensified by the unmitigated bigotry, insults and persecution of allopathists and their laity. On these accounts, I have put myself in the way of, and have been intrusted with, quite a large and, I may say without a thought of egotism, successful surgical clinic. For the sake

of adding a little to the general fund, I will cite a number of cases which came to hand during my sojourn in Fall River.

CASE 1.—Mrs. A. B., aged 60, complained for one year of tormenting burning, cutting and smarting in the urethra during and after micturition. She also had much straining and feeling of fulness, as though the urine were retarded by some body, and often the flow would stop suddenly. She had desire to rise frequently at night to pass small quantities. No other symptoms were complained of. I gave her *Canth.*²⁰⁰, a dose every three hours daily, for a week, with decided amelioration of the burning, cutting and smarting, but with the persistence of the other symptoms. Wearying of these, she desired, at my suggestion, an inspection of the parts. I found the ostium urethræ much dilated, and its mucous membrane very dark and congested. Dilating the meatus still more, brought on straining, which brought fully in view a vascular tumor, large as a medium-sized chestnut. Passing my tenaculum through it, I found it occupied nearly one-third the area of the urethra, and that to successfully remove it would require a distinct or special operation. Three days afterwards, having dilated the urethra over large-sized ear specula, I, with the assistance of some of her lady friends, chloroformed her, dragged down and out the tumor, and extirpated it by an elliptical incision. Next, two silken sutures were passed equidistant with long ends. Next, an inch section of the closed end of a small bougie was twice perforated one-fourth inch from each end, the free ends of the upper ligature passed through the distal end, and down the canal of bougie or quill, and lastly, the lower or outermost ligature similarly passed, and both, with the quill, drawn taut, thus closing the opening, and keeping the incision on the stretch just enough to bring about nice adaptation and adhesion. Nice recovery followed. The ligatures were drawn on the fifth day, by slitting up the quill and successively cutting short one free end of each ligature, and drawing out the other without disturbing the wound. Smarting and burning kept up for a month, and then subsided. Since then she has not made any complaint, and is very well. *Arnica*³⁰, *Canth.*³⁰ and *Aconite*²⁰⁰, were the only remedies used.

CASE 2.—Patrick McCunn, a deck hand on the steamer Bristol, met with an accident on the 12th day of July last. He was sent into the wheel-house to attend to some repairs on the wheel. While there, the subengineer started the en-

gine, and Pat, not exactly relishing the idea of a rough ducking beneath the paddles, attempted to escape. In doing so, his right foot was caught by a paddle, and a dislocation of the astragalus produced. There was rupture of all the astragalo-tibial, fibular and astragalo-calcaneal ligament. One or two branches of the anterior tibial and the external malleolar arteries were ruptured, requiring torsion two and ligature one, that of the *dorsalis pedis*. A Dr. Sweet, son of the celebrated bonesetter, Job Sweet, was called, and referred the case to me. With the assistance of Dr. Vander Burgh, I reduced the dislocation, first chloroforming the patient, then examining the wound, and arresting the hæmorrhage. The external wound was about two and a half inches long, and the superior facet of the astragalus presented at and partially filled it. He made a first-rate recovery, and has been at work in the same position as formerly for some three months. High inflammation with much pain, and the usual tendency to restlessness and loss of sleep were present, but he had no other than strictly homœopathic remedies, generally of high power.

CASE 3.—Last March, Mr. Buffington, living at Steep Brook, a suburb of this city, was thrown from his wagon while his horse was running down a steep hill, producing Pott's fracture of the left tibia, with fracture of its internal malleolus, and of the lower third of fibula. There was rupture of the *dorsalis pedis* artery; a severe external wound, through which the tibia protruded some two and a half inches. The foot was greatly everted, as in *talipes valgus*. The same Dr. Sweet was called, and he in turn called on me. We chloroformed the patient, and reduced the fracture and dislocation. Used nothing but *Arnica* lotion. The case remained in Dr. Sweet's hands. The Doctor, some time since, informed me that Mr. Buffington was doing well.

CASE 4.—Joel B. Warner, of North Dighton, Bristol County, Mass., was knocked under the rear truck of the middle car of a passenger train, running between Fall River and Boston, December 8th, 1873. His right foot was mashed to a jelly, in its anterior half. His left leg was crushed, from the ankle to an inch below the knee. Happening to be on the train, the case fell into my hands. A Taunton physician was sent for, but he preferred I should operate, so we amputated the leg far enough above the knee to avoid the sloughing of tissues, so sure to follow severe railway accidents. The next day I amputated his foot, by a modification of Chopart's

operation. A few days subsequently we were obliged to resect the femur an inch and a half up. Osteomyelitis followed, with profuse discharge of pus, having opened and destroyed the centre of flaps. After this he did well, made a fine recovery, and recovered nine thousand dollars from the Old Colony Railroad Company. I mention this case to show how nicely men may recover after the severest shocks; not to show the benefits of homœopathic medication, for he had only Acon., Arn. and China, of each a few doses. I may add that the hæmorrhage in this case was profuse, and this alone seemed sufficient to place him at death's door. He rallied nicely on China⁶.

CASE 5.—Last March, and late in that month, the first passenger train from Newport to Boston (on the day in question), was wrecked by the breaking of a rail. The only person seriously injured was one James O'Neil, 18 years of age. A rail was driven through the floor of the car in which he sat, striking the centre of his left leg. Compound comminuted fracture of the tibia was produced, eight fragments being made, exclusive of the articulating extremities. The muscles, fascia and periosteum were stripped from the central and larger fragments, so sudden and forcible was the blow. The external wound was about two and a half inches long. No deep-seated arteries, nor nerves, nor the fibula were injured, and the hæmorrhage was inconsiderable. Dr. Vander Burgh had the case, and called me to assist him. After weighing the demands of the case carefully, we determined to resect. Both articulating fragments were exposed, by lengthening the wound, and the ends sawn squarely off and trimmed. We used the periosteotome freely, saving at least two-thirds of the periosteum. The gap thus made was about five inches long. The wound was closed with silver wire sutures and adhesive straps, the whole limb nicely adjusted to a double-inclined extension plane, and dressed at times twice, but for the most part once, daily. The wound closed nicely and evenly, and the gap has been considerably shortened and filled by new bone. He is doing nicely, and we hope, with the aid of an ingenious instrument maker, to give him a leg which will be much more serviceable than either a stump or an artificial one. Deposit of bone has taken place, chiefly from the upper fragment, and the gap is now, May 24th, three inches long. It was about five and a half inches long just after operating.

CASES 6, 7, 8.—Mrs. E. Dunkerly, encephaloid of abdo-

men. Miss Katy Kerr, fibro-cellular tumor of breast. Miss Christiana Craunkshaw, double ectropion.

The following officers for the ensuing year were elected :

President, A. J. Brewster, M.D. ; Vice-President, C. E. Swift, M.D. ; Secretary and Treasurer, H. V. Miller, M.D.

Subject for discussion at next meeting : Sulphur, Calcareo carb. and Lycopodium.

Adjourned to Thursday, September 21st, 1876.

CHOLERA CURED BY CAMPHOR ALONE.

BY ROCCO RUBINI, OF NAPLES, ITALY.*

SIGNORA MARIANNA BERLINGIERI, aged 10 years, florid and robust, on rising from her bed on the 10th of September, said she felt ill in a way she could not describe, a general weakness so that she could not stand up. She passed the whole day reclining in an arm-chair, or on a sofa, or lying on a bed. At breakfast and dinner she had no appetite and took little or no nourishment. At supper her friends forced her to take a little food, and she went to bed at 9 P.M. At midnight she was seized with violent pains in the abdomen, which obliged her to evacuate the bowels. Several liquid evacuations followed within a short time. She took several doses of Chamomilla, and the pain having ceased, seemed to sleep. She slept half an hour and was again awakened by a desire to stool, when she had many evacuations and serious vomitings, one following the other. No remedy was taken during the night and the disease made rapid progress. When called at 8 A.M. I found the patient in the following condition : Face emaciated, pale, distorted, so that it was difficult to recognize her ; eyes sunken, faded, surrounded by a dark circle ; tongue dry and cold ; insatiable thirst ; voice hoarse and almost gone ; she could with great effort answer in a few hoarse words very difficult to hear ; abundant serous vomitings alternating with ventral evacuations of the

* Dr. Rocco Rubini, well known by reputation to most of our readers as a veteran and skilful homœopathic practitioner of Naples, sent to the World's Homœopathic Convention a number of copies of his work, entitled *Statistics of Cholera Cases cured by Camphor Alone*, and addressed to the Convention a letter calling attention to his mode of treating cholera. Apropos of these circumstances, we publish some extracts from his work above mentioned, and invite our readers to give the subject the attention it richly deserves.—ED.

same character; involuntary serous evacuations; urine suppressed the day before and the whole night; severe general coldness; blueness of the face and of the extremities; cold sweat on the whole body; cramp of the calves of the legs; great præcordial anguish which excites to involuntary continuous complaining; complete loss of pulse; slow beating of the heart and of the temporal arteries.

Under such circumstances every one can see in what great danger the patient was. Immediately at 8 A.M. I commenced the administration of camphorated alcohol; repeated the doses frequently; rubbed the whole body with the same camphor, used clysters of it, but all in vain. The remedy could not restore the serous part of the blood and prevent coagulation. At 10 A.M. convulsions began, and at 11 o'clock the patient died.

Carlo Mele, a musician, was struck with illness while playing in the street at a popular festival, and was brought to the clinic at 9 P.M., where he arrived in a condition which made it doubtful whether he could be cured.

He had weight and pain in the head; face cadaverous, distorted, emaciated; eyes bluish, languid; faded tongue and breath cold; voice hoarse, feeble; thirst ardent, unquenchable; anguish, præcordial pain; incessant serous diarrhœa and vomiting; one dejection closely following another; urine entirely suppressed; glacial coldness, which extends itself in the living tissue of the contracted skin so that it is insensible to every kind of stimulus; blueness of the extremities; pulse extinct; frequent fainting; extreme prostration of the half-spent forces; extreme moral depression; great fear of death.

This very serious case was cured with Camphor, administered internally and applied externally. At first five drops were given every five minutes; the dose was increased to twenty drops every five minutes, at the same time diligently rubbing the abdomen, the temples, the spine and the extremities. Although at first the vital organism did not manifest any reaction, yet with perseverance and firm faith, after almost seven hours of this practice, the severity of the disease began to yield, the almost extinct vital force was seen to gradually revive, the fever disappeared, profuse sweat set in, and the reaction was complete.

(Page 4.) In the family of Sig. Pasquale Gervais, I saw cholera in an epileptic form, which I have never seen before. In this case no individual in the paternal or maternal line

had ever suffered from epilepsy. Five ladies were one after the other attacked with this disease, and one would almost have thought that in this family it was contagious. There was no departure from hygienic laws. Sobriety, cleanliness, decency and propriety governed the family. The house was sufficiently large, well-lighted, airy and exposed to the sun. Nevertheless, disease entered there, and repeated fumigations by chlorine and disinfections with the sulphate of iron thoroughly used did not avail to check the successive development of the disease which threatened to destroy the entire family. To preserve the father, two children of five and three years, a girl fifteen and the maid, it was necessary to send them into the country, and take them away from the pernicious dwelling. The rooms where the sick had been were refitted. The floors were taken up and changed, the walls and ceiling stripped, all the furniture taken out. In this way the dwelling was wholly renovated, and when after several months, the family returned, they were entirely free from any further attacks of the pestilence.

Two of the patients had relapses, and although the disease was very severe in this family yet the patients were all cured with Camphor alone. I give the history in a few words.

Miss Rebecca Gervasi, aged 11, early on the morning of September 4th rose from bed perfectly well, as on the preceding days. Two hours later she took her customary breakfast, and not long after was so dizzy that she would have fallen to the ground if her mother who was near her had not caught her. She soon became unconscious, her face grew livid, her eyes rolled, and all the convulsive movements of the epileptic appeared in the muscles of the face and limbs. She foamed at the mouth, the body was cold in parts, and very blue, the pulse entirely gone, and while in this condition diarrhœa and vomiting set in without the patient being conscious of it. At first food was vomited, after that the diarrhœa and vomiting were serous.

On recovering her senses she was ignorant of what had happened to her. She answered questions intelligently, but with feeble voice. She complained of extreme weakness, great thirst and excessive præcordial anguish. This was followed by her being entirely without pulse, algid, cyanosed, with cold tongue, and even the air which came from her lungs was cold, with painful cramps in the calves of the legs, serous diarrhœa, and vomiting.

After about half an hour another epileptic attack occurred, preceded by strong cries, and accompanied by vomiting and involuntary diarrhoea. The epileptic paroxysm being passed intelligence returned, but coldness, blueness, cramps, loss of pulse, thirst, depression, vomiting, serous diarrhoea with flakes of albumen, and suppression of urine still remained.

And thus this epileptic form, alternating with the return of intelligence and with the cessation of the nervous movements, manifested itself several times, until finally, conquered by Camphor, it did not reappear. The mode of cure was as follows :

Being unable to swallow during the epileptic paroxysm the patient was abundantly and continually rubbed over the whole body with alcohol saturated with Camphor. The paroxysm being over, 10 drops were administered on a lump of sugar every five minutes, and the disease not yielding the dose was increased to 20 and 30 drops. Thus, the rubbing being kept up and the medicine administered internally whenever possible, after six hours the beneficial reaction of nature occurred, which saved the patient. The vomiting and diarrhoea disappeared first; then the pulse began to revive; the coldness, blueness, cramps, thirst, and præcordial anguish gradually disappeared. The fever of reaction appeared, with abundant sweat and heat; and when, after eight hours of this sweat, which had wet clothes, sheets, woollen blankets, and even mattress, the patient felt better, the nerves were quiet, the forces were recuperated, thirst had vanished, the secretion of urine had returned, her clothes were changed, and she was placed in a dry clean bed. She then took some cups of broth, and the next day she was perfectly restored and sat up several hours. When she was well she had no remembrance of what she had suffered. She did not remember taking breakfast before she felt ill, having vertigo or convulsions and other symptoms she had had during the course of the disease. She did not remember the questions asked her, nor the answers she gave. In short, whatever was told her of her illness seemed new to her and very wonderful. As the days went by, however, her memory gradually returned, and not until after eight days did she begin to recall that she rose feeling well, took breakfast, had vertigo, and other circumstances; but all these things seemed to her to have happened many months previously.

The quantity of Camphor used to obtain this cure was two

pounds, and the strong doses of 30 drops each, given every five minutes, did not at all irritate the nerves, the mucous gastro-entir, which had almost lost sensibility.

On the 19th of September this lady, without any evident cause, had a relapse of the same disease, with the same epileptical form and all the same symptoms. The epileptic paroxysms were, however, longer, the loss of force greater, the voice so gone that she could not answer questions; and when she recovered her senses the intellect was confused and almost stupid. This state of apparent nervous repose was shorter, the vomitings and diarrhœa more frequent, the cramps more painful, the præcordial depression greater. In a word, all the symptoms were more severe than they were the first time, and threatened her life.

Yet camphorated alcohol given in stronger and more frequent doses removed all fear, and for a second time saved the patient's life. Three pounds in ten hours were consumed internally and externally, when the vital reaction was obtained with the beneficial salutary crisis of heat and abundant sweat.

Sept. 23d. Signora Bettina Gervasi, aged 38 years, mother of the above, was attacked by cholera of the same form with that of her daughter. She was in perfect health, when, without premonitory symptoms, she was seized with vertigo and fell to the ground, and immediately her face became livid. She had epileptic convulsions, general coldness, loss of pulse, vomiting, and involuntary diarrhœa. When the paroxysm ceased she was without voice, with cold tongue and breath, with very painful cramps and great præcordial anguish, so prostrated as to seem paralyzed in the whole body, and could only move the eyes and one or two fingers. Her intellect seemed sound, but as she could not pronounce a word it was difficult to judge to what extent she was conscious. Meanwhile the vomiting and serous diarrhœa followed each other involuntarily and frequently; and after half an hour of this deceitful morbose preparation the epileptic paroxysm appeared preceded by loud cries, with foaming saliva, and with all the other frightful symptoms which seemed to threaten death.

Nevertheless camphorated alcohol, administered with a liberal hand, succeeded as in the preceding case in saving life. The amount consumed was three pounds, the greater part used externally. Eight hours after the disease appeared, reaction took place and restored the activity of the vital functions.

The patient did not remember what she had suffered, and only after many days did she begin to recall the circumstances of her illness.

Sept. 29th. Adele Gervasi, aged 23 years, strong and robust, was suddenly attacked by epileptic cholera. She was perfectly well when she was seized with vertigo and fell to the earth, and immediately the symptoms above described appeared; livid countenance, epileptic convulsions, foam at the mouth, coldness, loss of pulse, cramps, vomiting, and diarrhœa. Several times this epileptic state alternated with a short period of quiet and with momentary return of intelligence, each time followed by greater and alarming weakness. But the camphorated alcohol, administered in the same way as in the preceding cases, was successful. The reaction came more quickly in this robust patient. Four hours after the first dose of the remedy, the serous vomitings and diarrhœa ceased, and then gradually the cramps; the blueness, the coldness, the convulsive movements, the loss of pulse. The circulation of the blood resumed its activity, fever arose, and therewith the favorable crisis of sweat, the equilibrium of the organic functions, and that sense of convalescence which leads the patient to say that she feels well again. She became impatient of the sweat in which she lay and wished her clothing changed. Her mother, believing her daughter's assurances, that she felt quite strong and well, yielded to her wishes, thinking the crisis was sufficiently attained by three hours of continuous sweat. But, fatal step! The mother with her own hand almost precipitated her daughter into the grave.

At 7 P.M., on the same day, Sept. 29th, her clothing was changed. She did not rise from bed, and gradually the covers were lightened. But this slight change was sufficient to stop the perspiration and throw her into a terrible relapse, although the use of the camphorated alcohol had not been suspended but only diminished. The secretion of urine not being, however, re-established in the three hours of the crisis of sweat, showed plainly that the disease was not entirely extinct. With the suppression of sweat the coldness, blueness, cramps, vomiting, diarrhœa, disappearance of pulse, and the terrible epileptic convulsions reappeared. The cry which preceded the paroxysm of these convulsions was so loud, so sudden, and so penetrating, that it frightened the bystanders. The convulsions succeeded each other oftener, were longer, and left the patient for a few minutes in complete asphyxia,

so that without breath, motion, pulse, or warmth, she seemed already dead. Intelligence returning, she did not remember anything nor understand in what danger she had been. In the middle of the night, during the asphyxia of twenty minutes, believing that she was near death, her friends called a priest to administer extreme unction; but when she became conscious and saw him beside her, in a sonorous voice she drove him from her side and brusquely said to him, "Go away; I am not going to die; who sent for you?" And turning her back on him fell again into a state of asphyxia.

Being thus almost continuously in a state of convulsion or of asphyxia, she could swallow little medicine, and little hope of saving her could be entertained. Yet large injections were given, an ounce at a time, and much was used in rubbing the body. By this treatment the serous vomiting, the albuminous diarrhœa, the cramps, the præcordial anguish, the coldness, the blueness, the convulsions and the other distressing symptoms gradually yielded. The pulse revived, a light fever set in, but the sweat did not return even in the least degree. Two hours after midnight she was almost out of danger, and then I left her, being myself quite covered with her vomitings, and feeling my limbs chilled and myself falling into a prostration, although I had taken several doses of camphorated alcohol for self-preservation. I recommended to the family to not at all intermit the internal use of this efficacious remedy, desisting only from the injections and rubbing, which up to this moment they had continued. In the course of the following night she grew better, and the next day when I saw her at 7 A.M., I found the slight fever still continued, the secretion of urine re-established, no thirst, the patient in good spirits, who believed herself cured, and took with appetite and pleasure the broth which was allowed her.

Thus this young lady recovered, and I must confess that this case of relapse, the cure without crises of sweat, surprised me not a little, being the first and only time I had seen a cure effected in this manner.

Eight pounds of camphorated alcohol were necessary, used almost altogether externally, to overcome this terrible case of epileptic asphyxia.

When she was restored to perfect health, she did not remember anything which preceded her illness, neither the distress suffered, nor the danger overcome. She did not remember that she had insisted, almost with violence, on changing

her clothing, nor the relapse, nor her rudeness to the poor priest, who had risen from sound sleep to come to her aid. Neither did she remember that she had at that moment acted in opposition to her moral sentiments, for being very religious, she was the friend rather than the enemy of that class of people.

After ten days the memory of passed things began to establish itself in her mind, and gradually this faculty resumed its accustomed vigor.

October 4th. Matilda Gervasi, aged 18 years, and Marietta Gervasi, aged 20, were ill at the same time, one being attacked a little before the other. The same preparatory phenomena presented itself in them, the same phases, the same course of the disease. And without repeating the same things, it is sufficient to say that the same method, the same strong doses of camphorated alcohol, used internally and externally, were sufficient to bring about in four hours the beneficial reaction of nature, the abundant warm sweat, which always saves the sick. These patients wished to change their clothing after some hours of sweat; but their mother would not permit it until the kidneys had resumed their action, and had given out an abundance of urine. These patients also did not remember what they had gone through, nor their desire to have their mother change their clothes. Memory, however, gradually returned, and they are now in perfect health, as well as the rest of the family.

Many patients suffering relapse through the abuse of food and other causes are again cured, and with Camphor alone.

EIGHTH ANNUAL MEETING OF WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

AGREEABLY to the constitution, the Society met in Camden, at the West Jersey Hotel, on Wednesday, May 17th, 1876, at 11 A.M., the President, Jacob Iszard, M.D., occupying the chair. Upon calling the roll Drs. Ward, Hunt, Iszard, Crow, M. B. Tuller, C. J. Cooper, Dinsmore, Kirkpatrick, Shreve, Beckett and McGeorge were present.

S. W. S. Dinsmore, M.D., and William A. Glover, M.D., both graduates of the Hahnemann Medical College of Pennsylvania, class of 1876, were proposed for membership, reported on favorably by the Board of Censors, and elected.

A communication was read by the Secretary from Dr. Charles R. Cloud, requesting that his name be erased. Remarks were made by Drs. Kirkpatrick, Shreve and McGeorge, expressing their regret at the necessity which compelled Dr. Cloud to resign. (Dr. Cloud through sickness, which will probably terminate fatally before long, has been

compelled to give up his practice.) The Secretary was requested to acknowledge the receipt of his letter, and state that his request was granted.

The Society then proceeded to an election for officers to serve the ensuing year, with the following result, Drs. Cooper and Tuller acting as Tellers:

President, Wallace McGeorge, M.D., Woodbury; Vice-President, Joseph Shreve, M.D., Burlington; Corresponding and Recording Secretary, Malcolm B. Tuller, M.D., Vineland; Treasurer, Jacob G. Streets, M.D., Bridgeton.

Board of Censors, Walter Ward, M.D., Mount Holly; Alexander Kirkpatrick, M.D., Burlington; C. J. Cooper, M.D., Camden.

Delegate to American Institute of Homœopathy, Walter Ward, M.D., Mount Holly. Alternate, Daniel R. Gardner, M.D., Woodbury.

Delegate to New Jersey State Homœopathic Medical Society, Alexander Kirkpatrick, M.D., Burlington. Alternate, Joseph Shreve, M.D., Burlington.

After recess the President-elect made the following announcement as to formation of bureaus:

Bureau of Obstetrics.—Henry F. Hunt, M.D., Camden, Chairman; Daniel R. Gardner, M.D., Joseph Shreve, M.D.

Bureau of Surgery.—Jacob G. Streets, M.D., Bridgeton, Chairman; S. W. S. Dinsmore, M.D., William H. Crow, M.D.

Bureau of Practice.—Jacob Iszard, M.D., Glassboro', Chairman; C. J. Cooper, M.D., Walter Ward, M.D.

Bureau of Materia Medica.—Malcolm B. Tuller, M.D., Vineland, Chairman; A. T. Beckett, M.D., Wallace McGeorge, M.D.

On motion the Society decided to hold its next quarterly meeting at Atlantic City, if tickets can be procured for the members and their wives, and Drs. Hunt and Cooper were appointed Committee of Arrangements, with full power to act in the matter.

The Society then adjourned.

WALLACE MCGEORGE, M.D.,
Secretary.

SCIENTIFIC PROCEEDINGS.

Reports from the various bureaus being called for, Dr. Hunt, Chairman of the Bureau of Obstetrics, asked to be excused from making his report then on account of a consultation at 12 M. He expected to return at 1 P.M., and read it then. Up to the time of adjournment Dr. Hunt had not returned, and his paper will be in order for the next meeting.

No member of the Bureau of Surgery having any report to make, the Secretary read an interesting case which was sent by Dr. L. W. Brown of Vineland. The case is as follows:

"Was called to attend Mrs. C—, aged 43, in her eighth confinement. After a short and easy labor she gave birth to a large and apparently healthy male infant. The nurse, while bathing the babe, called my attention to the peculiar appearance of its eyes. Upon a thorough examination found the child to be totally blind, with an entire absence of both palate and anus. Its ears were enlarged to the size of those of an adult. Notwithstanding these malformations, after explaining the dangers attendant upon such an operation, and even should it prove successful, of the disgusting consequences that must follow, the parents were urgent in their entreaties that I should attempt to establish an artificial anus for the relief of the child. A median incision to the depth of $1\frac{1}{2}$ inches through the raphe of the perineum was made, and I was successful in reaching the rectum, and sustained the dilatation with tents

for several days. As near as I can now judge the operation will prove a successful outlet for the discharge of the feces; but, of course, every surgeon knows that should the child live, it will not have control of the evacuations of its bowels."

Under the report of the Bureau of Practice, the President, Dr. J. Izard, read the following case of

Varices.

"Mrs. J——, aged 36, inclined to flesh, of a sanguineous temperament, fair, ruddy complexion, called me to see her last September. She was suffering from varicose veins of the extremities in consequence of being pregnant. She expected to be confined about the first week in January. She had given birth to five children. Six years ago she had twins. Always troubled with the enlargement of the veins, for which she was always bled by an allopathic physician, which she thought relieved her, and supposed she would have to be treated so again, and called me for that purpose. I persuaded her out of the notion, and left her five powders of Hamamelis 6th, each powder to be dissolved in a half tumbler of soft water, and take two teaspoonsful every hour until the medicine was gone. She informed me at her confinement that the medicine relieved her in a very short time. She had the good fortune to give birth to a pair of twins, boy and girl. Mother and babes are doing well."

Dr. A. T. Beckett, of Mullica Hill, presented the following interesting case, viz.:

"Mrs. H., aged 40, has been suffering from facial neuralgia nine years. The attacks became so frequent and severe as to cast a gloom over her life. She sought my advice, and on visiting her I elicited the following symptoms:

"The paroxysms were brought on from riding in the wind and from excitement. The menstrual nisis was nearly always attended with neuralgic pains of greater or less severity. When the wind was the exciting cause the paroxysm would come on with a chill, and when excitement was the cause it would begin with trembling. The pains were modified from pressure, being in a warm room and lying quiet. The paroxysms manifest themselves by a slight chill or trembling (as the cause may be). Next she experiences cold chills running down the spine; then come the neuralgic pains, commencing in left temple and running over left side of face and down the ramus of left jaw. The pains are throbbing and digging in character. Noise and odors from the cookery make her worse. The attacks last about a day, and are usually worse in the evening. If she can get sleep it affords her relief. Menses presented the following symptoms: Time, two to three days; dark-colored, scanty, and somewhat stringy; pain and heaviness in right ovarian region, which is relieved by leaning forward; bowels costive; stool alternately hard and soft, and attended with straining; emission of urine on coughing, walking, or standing on her feet, the latter the principal cause; urine light-colored and frequent; abdomen distended; appetite good; pain running down the right leg; worse from northeasterly winds, damp weather, and excitement. R. *Sepia*³⁰, followed by *Sepia*^{6m} (Fincke). She has not had a model attack since she received *Sepia*. The majority of the symptoms have disappeared; the rest present a new and modified aspect. She may be considered as free from an attack, for its nature has been so mild."

The Bureau of Materia Medica being called on, the chairman, Dr. McGeorge, of Woodbury, said he and Dr. M. B. Tuller had jointly prepared a paper on "*Cactus grandiflorus*," which Dr. Tuller would read to the Society.

Dr. M. B. Tuller then read the paper on *Cactus grand.*, giving characteristic symptoms of the remedy, comparison with other drugs, and clinical cases. (H. M., June No.)

Discussion on the report of Bureau of Materia Medica was as follows:

Dr. McGeorge said that in his experience *Cactus* was more useful in acute cases of heart disease than in chronic cases. That he did not think it would be so useful in chronic pericarditis or any disease where there is effusion around the heart as other remedies, but in many of these cases it would have only a temporary or palliative effect. Still that is all we can expect from any remedy in some cases of long standing; and yet he should rely more on *Arsen.*, *Tartar em.*, *Digit.*, *Lactuca virosa*. In studying these cases, reference might be had to *Sambucus nigra*, *Lilium tig.*, and other heart remedies. *Cactus* was more often and more certainly indicated in spasmodic affections of the heart, coming on quickly and yet not so suddenly as *Belladonna*. *Cactus* pains come on more gradually, and pass off in the same manner, somewhat like *Platina*, while under *Bell.* the pains come and go quickly.

Under *Sambucus nigra* the paroxysms generally come on at midnight, or in the middle of the night, and wake the patient up, compelling him to sit up or get up before he can get any relief or summon assistance. In many cases the patient can give no account of what is the matter, or how it came on, only sit up in bed and cry and moan, with the hand over the heart. Under *Lactuca virosa*, with the oppression of the chest and heart troubles, the patient is obliged to spring out of bed in his fit to avoid suffocation. *Cactus* has none of these peculiarities, but the clutching feeling is the characteristic symptom in heart troubles.

Dr. Ward, of Mount Holly, asked if *Cactus* would be useful in any of the sudden, violent paroxysms of pain and anguish to which sufferers from heart troubles are liable?

Dr. McGeorge replied that he did not think it would. In his practice he had not found it indicated at all in such attacks. He relied more on the remedies mentioned before for such things, and found *Cactus* useful only when the symptom of clutching or constriction was present.

Dr. M. B. Tuller said some years ago, while he was a student, a boy, aged 14 years was treated by his father, who suffered from rheumatism of the heart with violent palpitation and great oppression. Indeed, so violent were these symptoms that he was utterly unable to walk or help himself in any way, but had to be carried from place to place and waited upon as if he were an infant.

One of the peculiarities of this patient was that he had been extravagantly fond of meat, and had been permitted to eat freely, but now he had very little appetite, even for meat. He received *Cactus* 3d in water, every three hours, and meat of all kinds prohibited. Before many days he was much improved. The remedy was continued in various potencies until he was discharged as permanently cured, some nine months thereafter. The distinguishing features of this case were: 1st, the patient was of an hereditary rheumatic habit, which is the one principally affected by *Cactus*; 2d, the violent palpitations; and 3d, the great oppression of which he complained. These were the leading indications for the administration of this drug.

Dr. C. J. Cooper, of Camden, had given *Cactus* with favorable results, to one patient, who complained of a sensation as if the heart turned over.

CORRESPONDENCE.

EDITOR OF HAHNEMANNIAN MONTHLY :

PERMIT me to correct an error into which Prof. Dake has inadvertently fallen, by ascribing to me the "guidance" of any provings of Picric acid *of which public mention has been made.*

The provings on which I wrote a "Fragmentary Commentary" are from the inaugural thesis of Dr. L. B. Couch, for which that gentleman received Prof. Allen's *Materia Medica* prize, a gold medal.

For still later knowledge, derived from microscopical examinations of the tissues of a dog poisoned by Picric, I am indebted to Dr. Couch, who, in December, 1875, poisoned a dog under my directions.

I earnestly desire that Dr. Couch's services shall secure for him all that is his due; and I trust that Prof. Dake will exonerate me from any attempt to take unto myself that which is not my own. I may have helped to extend our knowledge of this remedy, but I have certainly never ignored Dr. Couch's services; and if my *penchant* for this drug is tending to obscure his claim, I am glad of an opportunity to make this acknowledgment.

S. A. JONES.

ENGLEWOOD, July 1st.

EDITORIAL NOTES.

THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876.—This long-heralded and carefully-prepared gathering of practitioners of homœopathy has become a thing of the past, and in looking back upon and carefully examining it in all its details, the verdict is and must be that in almost every particular, from the President's address to the final motion to adjourn, it was a *grand success*, and a success, too, that cannot fail of being beneficial to the homœopathic school throughout the world. The benefits to be derived from this Convention are twofold, viz., those direct and attributable to the essays and discussions, and those indirect that will come from the knowledge of the deficiencies of the school and the efforts made to supply them. At the London Exhibition of 1851, England stood at the foot of the list in matters of Fine Arts and the Industrial Arts; but she at once set up industrial schools, and with energy, hard work, and good will so far progressed that at the Exhibition of 1862 English

manufacturers were found to be treading hard upon the heels of the French; and at the French Exhibition of 1867, the improvements made by them in many departments was such that their old rivals the French became alarmed and jealous. These were the results of comparison and study such as must necessarily be the outcome of a gathering of nations. A large part of the results of *our* Convention must be through such comparison and study as will induce energetic work and lead to such improvement in every department as will materially advance the cause of homœopathy the world over. Doubtless the gentlemen from Europe who attended the Convention have carried back with them ideas regarding the progress and standing of homœopathy in this country, its colleges, hospitals, dispensaries, etc., that will induce them to labor the more earnestly themselves and do good missionary work among their fellows to induce them to labor the more earnestly also, with a view of equalling, if not surpassing, the homœopaths of America, and of exhibiting the results of these labors at the next "World's Homœopathic Convention." Certainly American homœopaths will draw a useful lesson from and be led to good results by a comparison of the essays received from abroad with those of home manufacture.

Our Convention was the first of its kind, but we have every assurance that it will not be the last; and measures were taken, prior to its adjournment, to secure the holding of such meetings at intervals of five years. The next will probably be held in London, England, in 1881. Whatever was faulty in the arrangement of our Convention will serve as a warning for future gatherings, while the good points of the first can be repeated from time to time in all the international conventions of the future. While on this point we undertake to express the opinion, merely an individual one, that the discussions should be confined to selected papers, one or more, and that the debate should be entirely "offhanded." Much of the force and *snap* of argument and debate is lost by the reading of prepared speeches.

The Convention was honored by the presence of some distinguished men from abroad. Germany, the birthplace of Hahnemann and homœopathy, sent us two. First on the list we should name DR. CLOTAR MÜLLER, of Leipsic, editor in chief of the *Internationale Homœopathische Presse*, and well known to all homœopathic practitioners by his sound and valuable contributions to our literature; and second, DR. ALBERT HAUPT, of Saxony, the representative of the old "*Central Verein*" of Germany. England sent us four representatives, Drs. Hughes, Hayward, Clifton, and Skinner. DR. RICHARD HUGHES, of Brighton, is well and favorably known to all American homœopaths as one of the editors of the *British Journal of Homœopathy*, the author of Hughes's *Therapeutics* and *Pharmacodynamics*, a painstaking, laborious, and valuable writer in *Materia Medica*, and the writer of many very valuable papers published in the British journals. While here, his charming

manner, his dignity and courtesy in debate, and his deep earnestness in and attentiveness to the business of the Convention, won the heart of the whole assemblage. DR HAYWARD, of Liverpool, Secretary of the Hahnemann Publishing Society of England, and well known for his investigation of the poisonous and medicinal properties of the *Crotalus*, likewise ably represented the British homœopaths, and made many warm friends among his American brethren. DR. ARTHUR CLIFTON, of Northampton, a surgeon of considerable repute, a sturdy and independent "bold Briton," "a fellow of infinite jest," and a zealous homœopath, who, as he humorously stated it, "represented all of Great Britain not represented by Drs. Hughes and Hayward," did his part towards exciting a very warm feeling towards and respect for the homœopathic profession of the mother country, and did it well. DR. SKINNER, of Liverpool, the fourth British representative, author of a recent pamphlet on Gynæcology, that has given rise to considerable comment, instead of proving a very Don Quixote among homœopaths and ready to tilt at every one who should dare to doubt the superior charms of *his Dulcinea*, turned out to be a man of marked ability, urbanity, and modesty.

While these gentlemen were in Philadelphia, they were the honored guests of the resident physicians, as follows: Dr. Clotar Müller was the guest of Dr. Adolphus Fellger, and Dr. Haupt of Dr. A. Koch; Drs. Hughes and Hayward were the guests of Dr. Bushrod W. James, Dr. Clifton the guest of Dr. R. Sargent, and Dr. Skinner of Dr. H. N. Guernsey.

Dr. Lippe gave a dinner at the Union League House in honor of the foreign delegates to the Convention, of which some fifty or sixty guests partook. A number of speeches were made in response to toasts, and a very delightful evening was thus passed. A memorable feature of the occasion was the reconciliation of two old friends who had been at odds for some time, viz., Drs. Hering and Lippe. Dr. Adolph Fellger also gave a sumptuous entertainment in honor of the gentlemen from Europe, and his hospitable house was crowded during an entire evening. Dr. Guernsey also entertained the delegates, and bore away the palm by inviting the ladies. The *work* of the Convention will be made apparent through the volumes of *Transactions*, which will be issued as soon as possible. An immense amount of work is necessary to their publication, and this labor must plead for us with our readers for the failure to issue the July and August numbers of this journal on time. We do not present a synopsis of the proceedings, as any such publication must necessarily be disappointing and misleading, and as the *Transactions* are already in the hands of the printer, a full report will soon be presented.

Too much praise cannot be given to the President of the Convention, Dr. Carroll Dunham. To his far-sightedness and all-sided knowledge, his patience, perseverance and industry, during the months and years preceding the Convention, in his capacity as Chairman of the Committee of Arrangements, and to his marked ability and courtesy as a presiding

officer, the success of the Convention was pre-eminently due; and expressive and hearty as were the vote of thanks given him, the profession lies under a weight of obligation still, which it cannot remove.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—PROFESSORIAL CHANGE.—On the ninth of March last, the Hahnemann Medical College of Philadelphia closed its doors upon one of the most successful collegiate years that time-honored institution has ever had. A large list of graduates and a class of matriculants which, the faculty say, in point of ability and attentiveness, could not well be surpassed, attest alike the popularity of the school and the attractiveness of its teachings. The forthcoming session will be marked by some changes in the faculty, which will still further add to the efficiency of the institution.

DR. JABEZ P. DAKE, now of Nashville, Tenn., a professor of *Materia Medica* in the college in times gone by, and a man well known throughout the country as an earnest and able teacher and writer, has accepted the Chair of *Pathology and the Practice of Medicine*. Dr. Dake brings to this department a long and varied experience in the practice of homœopathy, and a zealously for its advancement that cannot fail of making him a thoroughly competent teacher. He will remove from Nashville, Tenn., his present residence, to Philadelphia, early in the fall, and will devote his time and energies to the prosecution of his professorial duties. His place in Nashville will be filled by his son, Dr. W. C. Dake, who is perfectly competent for the work. During the father's sojourn in Europe last year the son not only attended to the then large business but greatly increased it. We are pleased to know that Dr. J. P. Dake's health is fully restored, as all will attest who saw him at the World's Homœopathic Convention.

PROFESSOR MALCOLM MACFARLAN, so long and favorably known to the profession as the competent incumbent of the Chair of Clinical Surgery, having resigned his position, and DR. JOHN C. MORGAN, Professor of the Principles of Surgery, having previously resigned his chair to accept a professorship in the University of Michigan, these two departments have been associated by the Trustees, and DR. J. H. McCLELLAND, of Pittsburg, Pa., has accepted the Chair of *Principles of Surgery and Clinical Surgery*, and will remove to Philadelphia early in the fall. The resignation of Professor Macfarlan was a source of deep regret to his many friends. By patient toil and industry, early and late; by an indomitable energy, and a perseverance that lacked nothing; by his marked ability as a surgeon and success as an operator, he took the surgery of the school from its position of mere nothingness, and made it, almost for the first time, respectable. He built up a large clinic, and his operating-room was one of the chief attractions of the college. The loss of such a man as Dr. Macfarlan is one that must be severely felt by any institution, and would have been

very severely felt by the Philadelphia College, but for the fortunate choice made in selecting his successor.

PROFESSOR McCLELLAND is as well known to the homœopathic profession of this country as it is possible for any man to be, as an operating surgeon, a writer on surgical topics, and the principal surgeon of the most successful and best organized homœopathic hospital in this country—that of Pittsburg, Pa. He is a young man—a great merit in a professor—and possessed of remarkable surgical talent, of pleasing manners, and having a straightforward and perspicuous address. He has an ardent love for his specialty, and an indomitable energy in its prosecution, and is a true homœopathist in his medical views. With *suaviter in modo* and *fortiter in re* in all things, he cannot fail of being a successful and popular teacher, and of bringing increased honors to the school and to himself.

The vacancy created by the resignation of PROFESSOR MARTIN was happily filled by the appointment of DR. AUGUSTUS KORNDÖRFER, of Philadelphia, to the Chair of *Clinical Medicine*. Professor Korndörfer is a man well known by his translation, with additions by himself, of Boenninghausen's work on Intermittent Fever, and by his contributions to the periodical literature of the school. He is a gentleman of considerable talent and acquirements, having a very pleasing address, a fine flow of language, and a marked ability to impart instruction. He has had an extended experience as a practitioner, and is a sturdy defender of the doctrines of Hahnemann, though by no means "hide-bound." Dr. Hering has been the Gamaliel at whose feet he has sat for years, listening to the wonderful lore of that venerable sage, loving his teacher, and esteemed by him in return as a man bound to make a wide mark in his profession. It is but little to say that his career as a teacher will be a successful one.

PROFESSOR BETTS having been transferred to the chair of Gynæcology, DR. PEMBERTON DUDLEY, of Philadelphia, accepted the *Chair of Physiology*, and will hereafter lecture on that important but neglected branch. We venture to predict that under the management of Professor Dudley, the lectures on Physiology will become as popular as any. Of an essentially scientific mind, and having a deep interest in all matters connected therewith, the new professor brings to his charge a full knowledge of his subject, a determination to make it thoroughly understood by his classes, and a clear manner of expressing his views and imparting information which goes so very far in the make-up of a successful teacher.

The department of Gynæcology having been cut off from the chair of Obstetrics, Professor Betts has been appointed Professor of Gynæcology. Two years of study in Europe of this important branch, and considerable experience in its practice in this country, will make the lectures of Professor Betts a valuable addition to the course of instruction.

The remaining chairs of the college are in the main unchanged. With such tried men as Thomas, Stephens, Gause and Farrington, in the

chairs of Anatomy, Chemistry, Obstetrics and Materia Medica, and the strong "team" we have announced above, it is doubtful whether any college in this country, homœopathic or allopathic, can offer a greater certainty to the attentive student of being thoroughly instructed in medicine and surgery.

THE CAUSE OF THE DELAY.—With the thermometer up in the "nineties" for twenty-two days in July, Philadelphia has not been the most comfortable place for the doing of literary work; but the editor of this Journal, in addition to attending to an unusually large summer practice, has been compelled to stick to the bricks and mortar of this red-hot city, and work up the *matériel* of the recent World's Homœopathic Convention, in order to get the Transactions fairly started with the printer. But little time could be found for editing a journal, and hence the delay of the July and August numbers. The August issue will be in the hands of subscribers about the middle of the month, and the September number will be out in time (D. V.), and after that we trust there will be no more delay. Correspondents whose letters remain unanswered will please take note of the above, and wait patiently.

PUBLICATIONS RECEIVED.

LECTURES ON ORTHOPEDIC SURGERY AND DISEASES OF THE JOINTS, delivered at Bellevue Hospital Medical College, during the winter session of 1874-1875. By LEWIS A. SAYRE, M.D., etc. Illustrated by two hundred and seventy-four wood engravings. New York: D. Appleton & Co., 1876. Pp. 476.

This work is rich in important and useful information relative to the mechanical treatment of the various forms of disease and deformity embraced in the title. The subject is one of great importance to every medical practitioner, though comparatively little understood by the mass of the profession. The reason for this is no doubt expressed by the author in his introductory, where he remarks that "heretofore our subject has not received that attention at the hands of medical teachers it so eminently deserved. Students met with few opportunities to study it, either in theory or practice, and the profession at large was hardly prepared to take charge of deformities and treat them successfully."

That the object was to make these lectures really useful we may feel assured from the following remarks, in Lecture I: "My theoretical lectures, however, will form but a very subordinate part of the plan of instruction." "I shall have no time to indulge in unproductive speculation and hypothesis. I shall, therefore, study to make my lectures brief and concise, and shall endeavor to make them pre-eminently practical." "I can hardly lay stress enough upon the necessity of your attention to these practical clinical illustrations of the theories inculcated."

In Lectures II and III we find the definitions, special divisions, etiology, and rules for prognosis of deformities. The author cautions against discouragement in case of slow and unsatisfactory results, advising time and care. He says: "Your faith in being able to produce rapid improvement by the treatment of deformities of long standing will be very much weakened when you come to have a few such cases under your own personal observation and care. Nevertheless, it may be said that with patience and perseverance *in the right direction*—these are words full of meaning—you will be able in a majority of cases to accomplish such results as will be extremely satisfactory to the friends and more than compensate you for your extra labor."

With Lecture IV begins the study of the treatment of deformities. Early treatment is strongly urged. Rules for deciding when operative interference is needed are here given.

Lectures V and VI give the general principles which are to guide in the treatment of deformities; also some general remarks on the mechanical appliances, electricity, manipulation, dry heat, baths, inunctions, gymnastics, and medicinal agents.

Lectures VII to XI, inclusive, treat quite exhaustively of Talipes, a number of interesting illustrative cases being given.

Lecture XII is devoted to the consideration of corns, bunions, ingrowing toe-nails, supernumerary toes, displacement of tendons, bow-legs, and knock-knee.

Several lectures are then devoted to diseases and deformities of the knee-joint.

Lectures XIX to XXIII, inclusive, treat of morbus coxarius clearly and thoroughly. The method employed in diagnosing this affection shows the great care bestowed upon the subject by the author. A number of typical cases are given by way of illustration. This subject is appropriately followed by a lecture on diseases which simulate hip disease; and here also many valuable suggestions are offered.

Lectures XXV and XXVI treat of spinal diseases and resulting deformities, together with the treatment therefor.

Following these we have two lectures on anchylosis; and lastly we find described various deformities not mentioned in the preceding lectures.

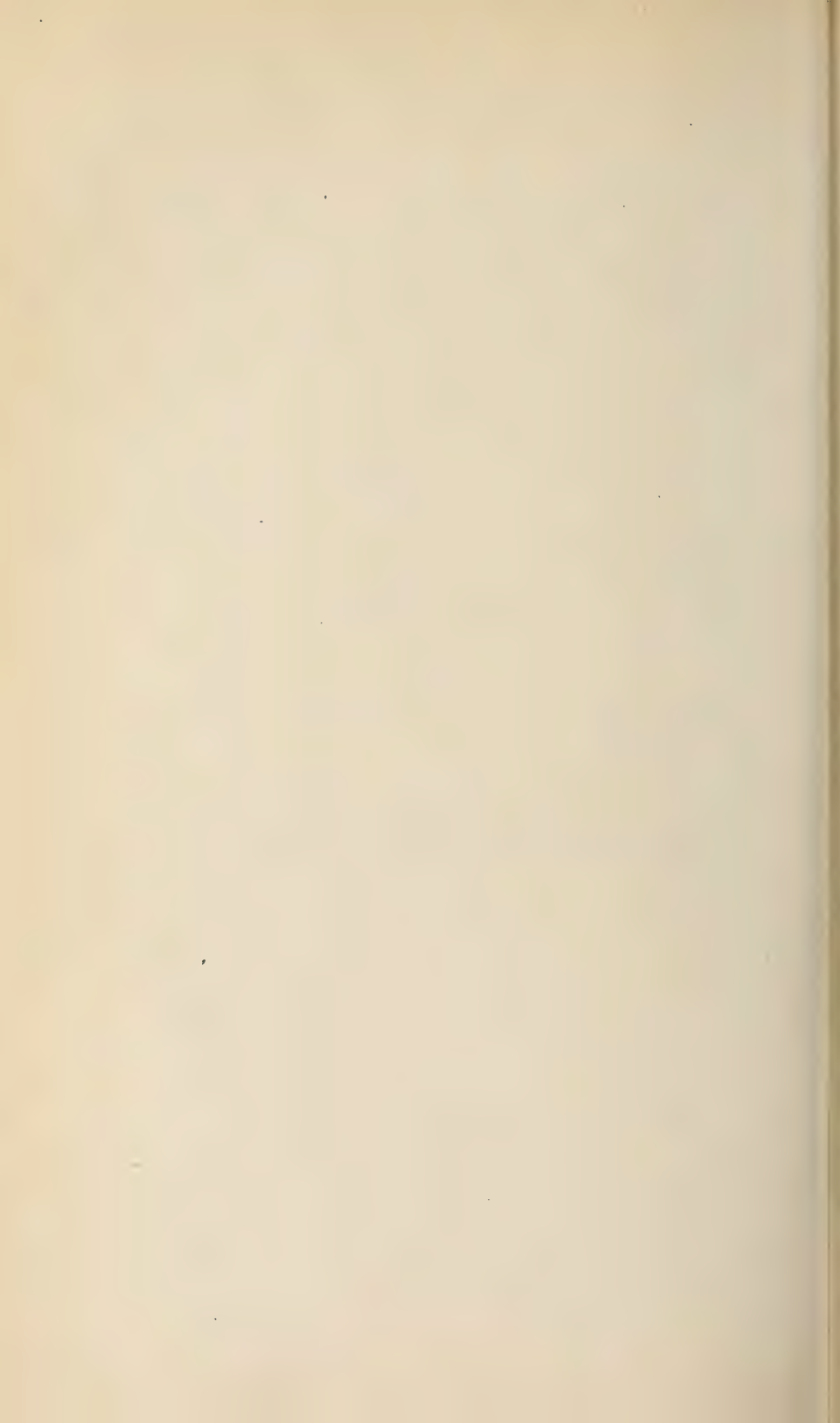
Typographically the book is pleasing, being of clear print and on good paper, thus affording the reader the opportunity of reading a good book with comfort to the eye, a matter too little heeded by publishers generally.

Altogether this is a work which should be on the table of every practitioner, as it contains much information of such practical value that none should willingly be without it.

On sale by the publishers, and by Claxton, Remsen & Haffelfinger, of Philadelphia.

PART II.

REPERTORY.

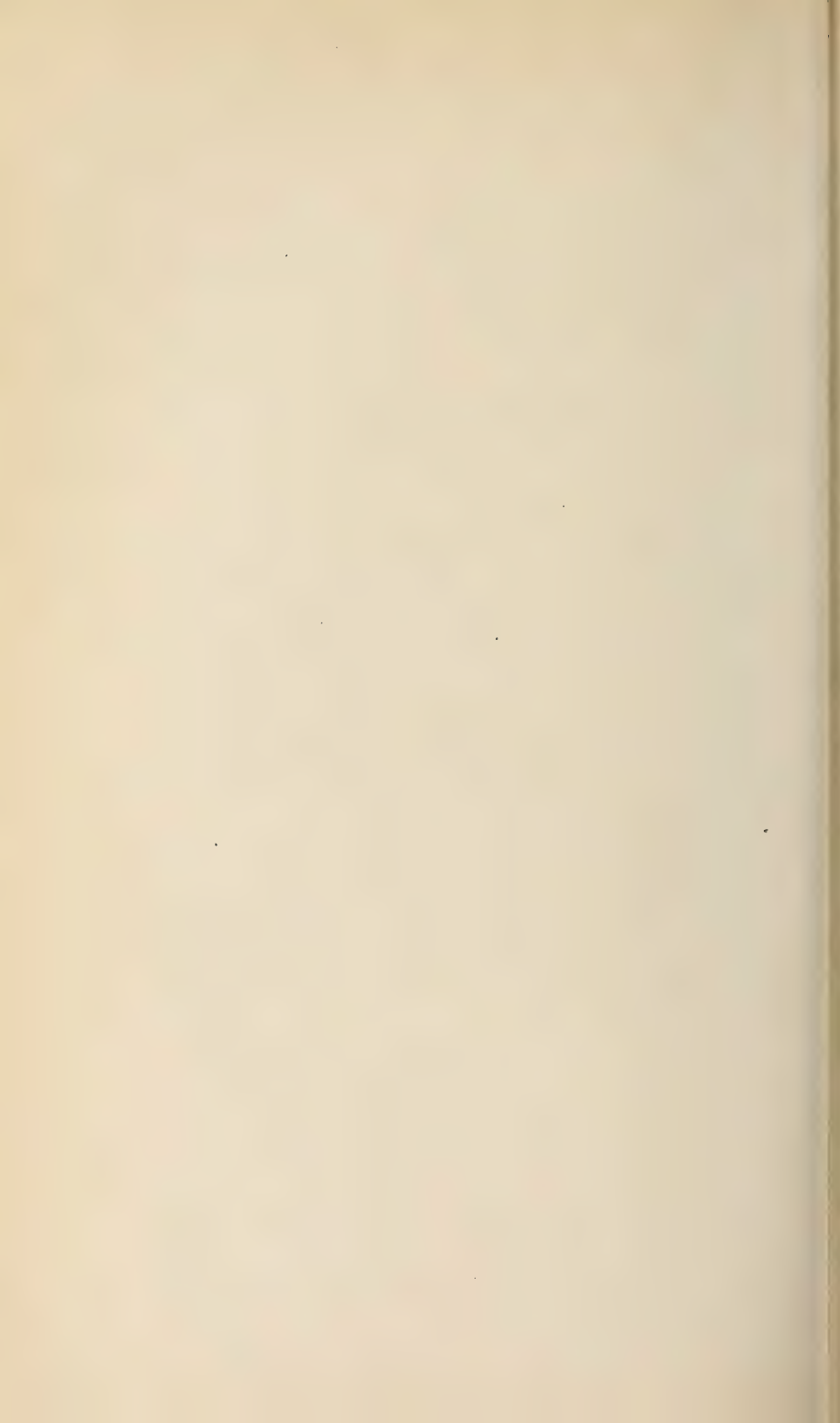


INTRODUCTION.

Notwithstanding the fact that we have been taken somewhat to task for not comprising under the therapeutical portion of the first part of this treatise the symptomatology of all the medicines enumerated in the *Materia Medica*, we thought it best to continue the plan of recording only the results of clinical experience as guides to the selection of remedies; leaving the enumeration of the symptoms of the skin and their concomitants as produced by provers for the second part or repertory.

This second part will be arranged after the excellent method employed by Bell, Dunham and others; *i. e.*, the remedies will be enumerated in alphabetical order, with their arranged indications, and then will follow the repertory proper.

S. L.



REMEDIES.

Aconitum napellus.

Nosological. Adenitis. Boils. Burns. Erysipelas. Erythema. Eczema. Gangrene. Herpes squamosus et solare. Lichen. Measles. Nettle-rash. Pemphigus. Purpura miliaris. Scarlatina. Small-pox. Ulcers. Vari-cellæ aquosæ et conoides.

Objective. Blackness and swelling of lips; of skin all over body. Boils, on tip of nose; on back; on nates. Blotches, red, on fingers of right hand. Desquamation. Bloated face. Discharges of bloody mucus, yellow. Eruptive fevers. Eruptions; vesicular on both temples; fiery red like nettle-rash. Erysipelatous exanthemata. Erythema from sunshine, papulous. Hot skin. Inflammation of external ear; of ulcers of sexual parts. Injuries bleeding profusely. Pimples, reddish, filled with acrid fluid, size of a pin's head, filled with serum, on forehead, nape of neck and face; soon dry up and peel off. Spots like fleabites on face and hands. Swellings, red, hot; shining of parts affected; inflamed and yellow color of skin.

Subjective. Burning heat in injured parts. Burning itching all over. Contracting sensation in glands. Gnawing as if caused by electro-magnetism. Heat in glands. Hair feels as if pulled at. Itching, in pimples, of affected parts. Pinching, pressing, picking, as if caused by electro-magnetism. Stinging soreness in various parts. Tearing, drawing pains. Tingling of affected parts. Sensation as if the epidermis were separated from the cuticle by some intermediate substance, with creeping and shivering.

Aggravations. At night in bed. Lying on left side. From getting wet, and on exposure to dry, sharp wind. In children. In lying-in-women.

Amelioration. In the open air.

Accompaniments. Catarrhal inflammation from eyes to bronchi. Cough, dry, croupy, hacking, with stitches in chest. Convulsions. Dyspnœa, distressed face, gasping. Fever, full quick pulse, and thirst. Epistaxis. Headache. Nervousness. Pain in stomach and bowels, with nausea and diarrhœa. Peevishness. Great restlessness; restless sleep, with jerking and starting, grating of teeth and groaning; or sleeplessness with agitation and anxiety. Swelling of whole body and protrusion of tongue and eyes.

Aethusa cynapium.

Objective. Boils on small of back.

Agaricus muscarius.

Nosological. Boils. Chilblains. Frostbites. Miliary eruptions.

Objective. Boils on nates. Discharges watery. Eruptions, red, yellowish, close-grained, dense, white miliary on hands. Falling off of eyelashes. Pimples on thigh; inflamed, on back of hand. Redness of toes as if frost-bitten. Tubercles on forearm.

Subjective. Burning itching as if frozen in eruption on hands and toes. Burning in fingers, lower limbs and

toes; gnawing-itching. Itching and titillation on arms forcing one to scratch. Smarting in pimples. Tearing pains in bones.

Aggravations. After coition. After moving. From outward pressure. After scratching (smarting changed to burning). Right arm and left leg most affected.

Amelioration. By walking slowly.

Objective. Scurvy; gums swollen and bleeding. Dark purple blotches on legs, which are swollen, painful, and of stony hardness.

Accompaniments. Appetite poor. Constipation. Countenance pale and dejected. Pulse small and feeble.

Agnus castus.

Objective. Excoriations and rhagades at anus. Herpes on cheeks. Hardness and induration of glands.

Subjective. Itching relieved by scratching, but returning again at once. Gnawing-itching.

Aggravation. From getting wet.

Ailanthus glandulosa.

Nosological. Scarlet fever (typhoid and black). Syphilis.

Objective. Eruption, on forehead and face, almost livid; miliary; irregular and patchy; on body and extremities, disappearing on pressure and reappearing slowly; violet hued; scaly and evanescent, and long delayed; consisting of large maculæ and bullæ, filled with dark serum. Skin hot, harsh and dry. Petechiæ. Chancre on prepuce. Syphilitic rash.

Accompaniments. Apathy. Anxiety and fear. Frightful delirium, with muttering. Dizziness, worse when rising up. Vomiting, followed by high fever, pulse small and rapid. General malaise. Pupils dilated, or photophobia. Severe headache. Sleeplessness and restlessness. Hot, red face.

Alnus rubra.

Nosological. Chronic herpes. Impetigo. Porrigo. Scrofula. Syphilis.

Ampelopsis quinquefolia.

Nosological. Scrofula. Old ulcers.

Alumina.

Nosological. Boils. Felons. Injuries. Lepra vera. Scrofula. Tetters. Tinea capitis. Herpes.

Objective. Boils over the ear; on and in the nose; on left cheek; on right side of lip; on right hip; on thighs. Humid crusts on scalp and arms. Inflammation of slight injuries of skin. Bulbous eruptions. Leprous pimples. Bleeding rhagades on hands. Humid scurfs and scalds on forearms. Serous bleeding after scratching. Moist tetters. Varices about anus. Blotches. Discharges copious, corrosive, flesh-colored, of thick mucus, slimy, tenacious, yellow. Eruption on temples. Furfuraceous eruption on hands. Redness of toes. Tubercles.

Subjective. Burning in anus and toes. Gnawing in tetters. Gnawing itching. Itching, in evening in tetters on neck; in eruption. Gnawing itching. Itching and pain in soles of feet and toes, as if frozen. Stinging in corns. Eruption sore, as if excoriated.

Aggravations. In afternoon and evening. On alternate days and periodically. At new moon, during its increase and at its full. From eating potatoes. After using mercury. After lead poisoning. On getting warm in bed.

Accompaniments. Hemorrhage from mouth and gums.

Ambra grisea.

Nosological. Corns. Herpes. Tetters. Scabies.

Objective. Arthritic swelling of feet. Cancerous ulcers. Bones of forearm affected. Dryness of skin. Discharges

gray and salty. Eruption painless, on cheeks. Herpes between thumb and index finger. Scabies and herpes suppressed.

Subjective. Burning in herpes, tetters, and soles of feet. Itching on scalp, on occiput, and in soles of feet and toes. Numbness of arms as if gone to sleep. Soreness in warts and corns. Tearing in glands. Tenderness and pain in bones.

Aggravation. Early in morning on waking. In evening, while lying in bed. After lying down and having risen. In lean, aged persons.

Amelioration. From lying on painful side.

Ammonium carbonicum.

Nosological. Boils. Corns. Eczema. Ephelides. Furunculi. Ganglion. Herpes. Miliary eruptions. Purple rash. Rachitis. Scarlet fever. Scrofula. Tetters. Ulcers. Warts.

Objective. Boils around the ear; in the nose and on its tip; on face and cheeks and at corners of mouth; on chin; neck; in scapular region; on right side of chest; on shoulders and arms and right hip, with watery, bloody suppuration. Desquamation. Discharges copious, corrosive and watery. Eczema in bends of extremities. Excoriation between legs, and about anus and genitals. Eruption on face, flat, red, peeling off. Freckles. Ganglia on hands. Glands of neck, lower jaw and about ear affected. Red inflamed herpes on face. Pimples on nape of neck and forearms. Purple rash on chest. Blotches and vesicles after scratching. Rash on left side of neck and lower arm. Swelling of the cutaneous veins. Blue spot above knee. Redness of whole upper part of body, like scarlatina. Red and scarlet spots. Mealy tetters. Red ulcerating tubercles around elbow and neck. Ulcers, with fetid pus. Varices about anus.

Subjective. Burning in pimples, pustules and blisters on

face. Excessive burning in blue spots on thighs. Burning and itching in herpes. Burning, shooting and pulling, in corns, as if ulcerated. Cutting in tubercles. Itching on scalp, and in feet and toes as if frozen. Sensitiveness to cold.

Aggravation. In evening. At new moon. In cold air. During hot weather. After working in water. When touched. After scratching. After scarlet fever. In children. While chewing and eating. From hot poultices. On the right side.

Amelioration. From lying on right side and on the painful side. From warmth. From external pressure.

Accompaniments. Aversion to washing. Emaciation. Profuse hemorrhages from bowels, gums and nose. Hectic fever (in scurvy). Hard swelling of right parotid, of cervical glands, and those of the axillæ. Muscles soft and flabby. Teeth fall out.

Ammonium muriaticum.

Objective. Boils on forehead. Large blotches and indurations deep under skin; inflamed, with brown red scurf and swelling of the parts. Blisters on right shoulder, forming a scurf. Blisters and vesicles on hands. Discharges corrosive and watery. Eruption on corners of mouth, peeling off. Miliary eruptions. Pimples on backs of hands, desquamating the next day. Fine rash all over for two weeks. Red spots on left chest. Flat ulcers on scrotum. Small inflamed vesicles at wrist.

Subjective. Beating and throbbing in nails. Biting on skin. Burning itching in spots on chest. Burning in blisters. Gnawing pain in bones. Itching and titillations. Itching on scalp. Itching in blotches and indurations deep under skin, burning after scratching. Pain as if ulcerated. Painful throbbing of finger-joints, as from a felon. Pinching, tearing pains.

Aggravation. In evening and at night. During men-

struation. After rising from bed. By scratching (itching changed to burning). On the right side.

Accompaniments. Hemorrhage from anus. Swelling of axillary glands.

Anacardium.

Objective. Eruptions painless and herpetic. Eczema. Dryness of hands. Pimples, with red areola and pus at tips, on lower portion of upper arm. Pustules on index finger, with red areola and exudation of red and white lymph on pressure, forming a scurf with a plug of pus beneath. Flat painful sores after rubbing. Varicose veins. Warts even on palms of hands.

Subjective. Burning itching in lower limbs and soles of feet. Drawing sore pains in ulcers. Pressure in bones. Stinging and voluptuous itching. Stinging itching on thighs.

Aggravation. In evening in bed. Periodically. Lying on the side. On moving affected part. After rubbing and by scratching.

Amelioration. While eating. In open air. After scratching.

Accompaniments. Hemorrhages from nose and anus. Chilliness.

Anatherum muricatum.

Nosological. Adenitis. Abscesses. Boils and ulcers. Erysipelas. Herpes. Miliaria. Measles. Pruritus. Sycosis. Syphilis. Scurvy. Small-pox. Scarlet fever.

Objective. Abscesses. Ulcers and fissures on hands. Abscesses, boils, ulcers, scabs, and pustular herpes on face. Skin cold and frigid, and pale or violet.

Eruptions, whitish and reddish, like sycosis, in vulva; pustular like confluent small-pox; like measles and scarlet fever. Excoriation of nipples. Erysipelatous swelling of arms and legs. Boils, abscesses and ulcers on legs. Red pimples, like miliaria or urticaria. Bluish scorbutic

spots on body. Painful swelling of various parts, extending to suppuration; especially of sub-maxillary and cervical glands. Red and yellow spots on face. Scarlet redness of skin. Ulcers, yellowish, violet, swollen, everted, syphilitic, on lips, on penis and in groin, on hands and legs and soles of feet. Ulcerated, indurated tumor in breast. Herpes and ulcers on scalp, with compact thick humid scabs and prurigo. Growths like warts and rupia on eyebrows.

Subjective. Formication and itching as of ants, with loss of sensibility. Lancinating, burning, deep seated pains (in tumors). Stinging and burning heat.

Aggravation. From coffee, which subsequently relieves.

Accompaniments. Drowsiness, difficulty of speaking (in adenitis). Swelling of ganglia of axillæ and chest (with breast tumor).

Angustura.

Objective. Ulcers, flat (appear after rubbing), eating into bones. Bones of arms affected.

Subjective. Pains in bones of head. Squeezing pains. Tenderness and pains in ulcers.

Aggravation. After rubbing. In bed.

Anthracinum.

Objective. Carbuncle. Sloughing. Abundant, ichorous, offensive pus. Gangrene. Whitlow.

Subjective. Violent burning pain not relieved by Arsenicum alb.

Accompaniments. Cerebral symptoms. Pyæmia. (When Arsenicum alb. seems indicated and fails to relieve, Anthracinum should be exhibited).

Anthrakokali.

Objective. Chronic erysipelas. Herpes. Nettle-rash. Purulent pimples like papulæ.

Subjective. Itching.

Aggravation. During the night.

Antimonium crudum.

Nosological. Boils. Corns. Chilblains. Conoid chicken-pox. Erysipelas. Ecthyma. Eczema. Freckles. Fungus articularis. Impetigo. Miliaria. Nettle-rash. Ulcers. Varicellæ agnosæ et conoides.

Objective. Boil on perineum. Large red bullæ on left buttock. Blotch on right knee like a mosquito bite. Blotches and bullæ as from stings of insects, especially on face and joints of extremities. White blotches with red areolæ on face and limbs. Chilblains with redness. Horny callosities on feet. Corns. Discharges tenacious and yellow. Eruptions flat, horny, like nettle-rash; purulent, on cheeks and around nose; miliary. Pustules, with yellow-brown scurf; hard below neck, like blisters filled with pus; on face. Pimples; small, red, on right shoulder; red on knee; like vesicles resembling chicken-pox; in bend of elbow; rash-like on middle of upper arms; itch-like at carpal joint of left thumb, with brown scurf; on ball of hand and flexor brevis pollicis; large at styloid process of left radius; on neck, under chin, and on face; red, vesicular, like varicellæ. Herpetetic spots. Brown liver colored spots on both shoulders. Light brown dots on arms like herpetetic spots. Bluish spots on thighs and tibiæ. Skin hard, horny, callous, thick. Hard pea-shaped swelling on left side of nape of neck under skin. Red stigmata with little white tips in the centre, on anterior side of neck. Chest dotted with fine red points. Rash behind ears, between scapulæ, and on nape of neck. Inflammatory swellings. White tubercles on legs, surrounded by a small red circle. Ulcers, deep, flat, fistulous. Varices about anus. Red vesicles with yellow tips on shoulder, soon look like cutis anserina and peel off.

Vesicles at styloid process of right ulna and on left hand. Nails discolored and deformed.

Subjective. Burning pain spreading far around from a boil. Violent burning and fine stinging in nettle-rash. Gnawing itching in pimples. Itching; violent in fine points on chest; in tubercles on leg; with tensive pains in bullæ; on neck, back and limbs. Pain in bones of head. Stinging in pimples when touched. Soreness in corns. Titillating, itching. Stitches from within outward, especially in upper arm and below right buttock.

Aggravation. In afternoon, evening and at night. In summer (chilblains). In the sun. When touched. From sour food, vinegar, etc. From wet poultices. From bathing and working in water. In drunkards.

Accompaniments. Aversion to washing. Dropsy. Gastric derangement. Violent thirst and nausea. Pain in ears. White-coated tongue.

Apis mellifica.

Nosological. Boils. Carbuncles. Erysipelas. Gangrene. Hives. Sudamina. Variola. Whitlow.

Objective. Boils on pubes, large. Erysipelas, with redness and swelling, and gangrene. Eruption recedes (in variola); is confluent, with œdematous swelling of skin during desquamation. Red and inflamed raised patches of hives. Whitlow, after abuse of sulphur.

Subjective. Burning heat all over, or heat in some parts and coldness in others. Stinging burning pains.

Aggravation. From heat. In cold weather. After scarlet fever, hives, and variola.

Amelioration. From cold water.

Accompaniments. Asthma after hives. Fatal adypsia or great thirst; croupy cough; violent cough like whooping cough. Thick, white, bloody, fetid coryza. Convulsions. Intestinal catarrh, with slimy diarrhœa; muttering delirium. Dyspnœa. Inflamed eyes. Loss of consciousness.

Trembling of limbs. Prostration. Restlessness. Sleeplessness. Stinging pain in throat. Sopor. Abdomen sore to touch. Tongue deep red, covered with blisters, which become sores and ulcers, with stinging pains. Tonsillitis. Urine scanty and dirty red. Micturition painful. Uterine catarrh.

Apocynum androsæmilfolium.

Objective. Syphilis; chancres. Coldness of skin.

Subjective. Violent itching of face and body. Swollen sensation in skin.

Accompaniments. Profuse night sweats. Dropsy after scarlatina.

Argentum foliatum.

Objective. Discharges copious. Boil near last rib. Inflammation of arms. Eruptions.

Subjective. Burning pains as if excoriated. Burning itching of face and hands. Intolerable itching as from crawling on head and body. Stitches as from electric shocks. Stinging as from flea-bites. Soreness as if excoriated (in eruptions). Tenderness, tearing pressure and pains in bones. Paroxysms of burning in corns.

Aggravation. In afternoon. After masturbation and use of mercury.

Argentum nitricum.

Nosological. Traumatic erysipelas. Eczema. Ecthyma. Scabies. Syphilis. Sycosis.

Objective. Red blotches on back of hand and index finger, changing to yellow blisters on a red base. Pimple-like blotches on lower limbs at night. Pustulous ecthyma coming on after itching and pain. Eczema on genitals. Pimples on back and chest. Small itch-like pimples, bleeding when scratched, and becoming covered with bleeding scurfs. Skin blue, gray, violet or bronze, to black (Argyria).

Subjective. Itching (in pimples). Itching-biting all over, especially thighs and axillæ. Pricking itching.

Aggravation. At night. On getting warm in bed. After scratching.

Accompaniment. Dropsy.

Arnica.

Nosological. Bed sores. Boils. Chilblains. Erythema nodosum. Ecchymosis. Erysipelas. Miliary eruptions. Purpura. Varices. Wheals.

Objective. Boils, many, small, on face. Bites of insects. Eruptions, red, sanguineous, in spots. Erysipelas with swelling. Injuries bleeding profusely. Pimple with inflamed border, on side of neck. Itching pimple between thumb and index finger. Pimples on prepuce. Red spot on glans penis. Yellow, blue, and reddish-blue spots. Swelling of glands of neck, of face and cheeks, of cutaneous veins. Black swellings. Skin blue and dry.

Subjective. Burning pains. Digging up sensation and heat in glands. Cold feeling in skin, now here and now there. Cutting pains in skin. Drawing pains. Itching in pimples and spots on glans. Fine prickings, especially in nose, eyebrows, eyelids, hands and fingers. Pains as if beaten. Stinging as if a splinter were in the flesh. Dull stitches deeply penetrating in limbs. Soreness and sensitiveness of corns. Tearing pains in glands. Tingling in ulcers.

Aggravation. In the evening and at night. On being touched. From exertion. From sweating. In the open air. In lying-in-women. From peruvian bark.

Amelioration. From lying with the head low.

Accompaniment. Epistaxis.

Arsenicum album.

Nosological. Burns. Acne rosacea. Abscesses. Crusta lactea. Cancer. Chilblains. Chlorosis. Crusta serpigiosa. Erysipelas. Eczema. Ecthyma. Fungus hæmatodes et

articularis. Gangrene. Herpes labialis, facialis, phlyctenoides et furfuraceous. Impetigo labialis et rodens. Inflammatory swellings. Jaundice. Lichen. Lepra alba et vera. Purpura senilis. Pemphigus. Prurigo senilis. Pruritus. Psoriasis. Rupia. Sycosis labialis. Scabies. Sudamina. Ulcers. Urticaria. Varioloid. Varicella. Varices.

Objective. Abscesses suppurating. Blotches on hands. Lentil-sized colorless blotches. Black blisters on feet. Blisters under feet at night, discharging a light-yellow fetid water. Dark-brown color of body. Blisters spreading. Cancer of nose, lips, and mouth. Discharges brownish, blood-streaked, copious, corrosive, salty, tenacious, yellowish, watery, fetid, purulent. Eruptions; fine like sand, in bends of knees; flat; red, granular, copper colored; whitish; with sanguineous edges; in pimples, blisters, and vesicles; suppurating on scalp; about lips and mouth; too early or suddenly appearing; on hands, becoming pale or livid, or is mixed with petechia, scaling off; red and scorbutic, colorless on neck, shoulders, and sides. Eczema on face, genitals, and legs, and back of left hand. Erysipelas, gangrenous, inflamed, and vesicular. Face bloated. Gangrenous spots, and gangrene of the sexual parts. Induration and thickening of soles of feet. Inflammation of sexual parts. Inguinal and submaxillary glands affected. Pimples; small, on forehead and under jaw; acuminate; whitish; filled with watery fluid; on abdomen and hands and between fingers, like millet-seed, with white tips on hands, feet, and scalp. Pustules; red (changing to ichorous, crusty, burning, spreading, ulcers), on scalp and in whiskers; sink in and areola becomes livid, in small-pox. Petechia-like spots, moist after scratching. Black pox on arms. Skin cold and blue, dry and parchment-like, peels off in large scales like fish-scales, of pale earthy color. Spots and ulcers as if burnt. Brown spots on head, and streaks or ridges on

thighs. Scurfs and crusts on scalp and face. Red spots on feet; yellow spots on chest; blue spots on whites of eyes, abdomen, and genitals. Inflammatory swelling of face, feet, and body; of right side of body and hip, and of left lower limb. Dark-red hot swellings. Elastic swellings. White spots. Scabies, inveterate, pustular in bend of knees. Suppressed swelling of the arms. Tenderness and pain in bones. Painful tubercle on right arm. Lips black and blue. Ulcers, with red shining areola and a blue-black or greasy ash-colored base; with thin bloody pus; with high edges; with fetid ichor and proud-flesh turning blue and green; with thin scurf; with inflamed edges; wart-shaped; on lower extremities, feet, and heels; on feet, bleeding; on scalp; on hands; turning black on bottom; bleeding on edges; flat; hard; with hard spongy edges, exuding bloody pus. Varices about anus.

Subjective. Aching, pressing in glands. Boring pain in blisters and in inflammatory swellings. Burning in herpes, spots on feet and pimples in margins of ulcers, and of skin on arms and lower limbs. Burning sensation from contact of the discharges. Itching in pimples, edges of ulcers, on scalp and occiput. Itching creeping on thighs, limbs, and buttocks. Pricking in edges of ulcers and in tetters. Smarting of colorless eruption (on neck, shoulders, and sides). Painfulness of skin, stinging in eruptions, and in varices about anus. Violent tearing pains in edges of ulcers when exposed to cold. Soreness as if excoriated in anal region. Edges of ulcers are sensitive.

Aggravation. After midnight (1 to 3 A.M.). In the evening. Periodically before falling asleep. On waking. While lying down on the painful side. After drinking. After lying down and having risen. After moving. From exertion. During catarrh and putrid fever. In children. In glandular affections. In cold air (ulcers). During contact. From poison of glanders. From cold

food, and from wine. From running. During the first hours of sleep. After the use of quinine and iodine. Complaints from scalds.

Amelioration. On getting warm in bed. From warm applications. From lying with the head high.

Accompaniments. Anguish (from burning itching) which drives him about. Aphthæ in mouth and fauces. Chills and fever. Crying for cold water. Cold hands. Cold sweat. Colic. Distended abdomen and offensive diarrhœa. Excessive debility. Great despondency. Dyspnoea. Desire for liquor. Eyelids weak and swollen. Epistaxis. Gums bleed readily, and there is a fetid odor from the mouth. Internal heat and external coldness. Immobility and stiffness of knees and feet. Palpitation of heart. Great restlessness. Malignant sore throat. Violent thirst, patient drinks little at a time, very frequently. Small quick pulse.

Arsenicum hydrarg.

Objective. Dark-brown color of body. Whitening of hair on deadened parts. Vesicles on glands and prepuce, leaving round flat ulcers after breaking.

Arsenicum iodidum.

Objective. Chronic, obstinate, scaly eruptions on scalp. Dry scaly eruption. Erythema. Cancerous diseases. Impetigo. Lepra. Psoriasis versicolor. Pityriasis. Tinea furfuraceous.

Subjective. Burning heat in lumbar region, as if clothes were on fire. Burning-itching, and formication in eruptions. Chilliness of left thigh followed by formication and weight in left foot. Clothes feel cold when extending the left limb; formication and weight extending to right foot, relieved somewhat by walking. Formication on both ankles and on exterior border of left foot, followed

by burning in the instep. Itching, especially on the back. Itching of back of left hand, followed by stinging itching of back of right hand.

Arum triphyllum.

Objective. Eruption like scarlatina, followed by desquamation. Dry feverish heat of skin. Face swollen and red. Lips and corners of mouth swollen, sore, cracked, and bleeding.

Subjective. Itching, with desquamation, following a scarlet rash.

Accompaniments. Child picks at lips, cheeks, and chin until raw (in scarlatina). Submaxillary glands swollen. Nose stopped, with or without profuse yellow discharge. Putrid sore throat. Red tongue with elevated papillæ. Urine pale and profuse.

Asafœtida.

Objective. Adenitis. Dark-red, hot swellings. Cold swellings. Adhesion of the skin in caries. Suppurating abscesses. Arthritic swelling. Curvature, interstitial distension, and softening, and caries of bones. Copious discharges. Eruption flat. Scrofulosis. Cold gangrene and suppuration of injuries. Ulcers, with thin, fetid, ichorous, bloody, serous pus; with bluish, raised, hard edges. Ulcers; affecting bones; deep; flat; fistulous. Bright red, raw appearance of wounds, covered with a crust of tenacious lymph.

Subjective. Darting jerking in glands and ulcers. Pricking, darting pain in the edges of ulcers. Quivering in skin. Tenderness, jerking pain, scraping, and darting in bones.

Aggravation. After mercury. During contact.

Amelioration. From touching and scratching.

Asarum Europæum.

Objective. Discharges of bloody and slimy mucus (from ulcers).

Aggravation. In cold air. During dry weather. In the evening.

Amelioration. From washing or wetting affected parts. In damp weather.

Asclepias syriaca.

Accompaniments. Dropsy following scarlatina (in consequence of nephritis).

Asclepias tuberosa.

Objective. Hot, moist skin. Scrofulosis. Syphilis. Vesicles. Pimples and pustules all over body, especially on arms, legs, and face.

Subjective. Itching of thighs and nates, but no eruption.

Accompaniments. Dry, hard cough, worse at night and in the morning; sputa frothy or yellow. Soreness in lower part of chest; respiratory murmur and dulness in right lung. Chills towards noon. Fever in afternoon. Night-sweats and emaciation (in scrofulosis).

Aurum foliatum.

Nosological. Arthritic nodes. Adenitis syphilitica. Herpes præputialis et vulvaris. Rhagades. Scrofulosis. Syphilis. Ulcers. Tetters.

Objective. Large and small blotches of a dingy yellow color, on legs and calves. Blotches on leg below knee, changing to thick hard nodosities when rubbed. Dry crusts. Scaly eruption on face. Inguinal glands affected. Inflammation of nose. Nails blue. Pustules on face, neck, and chest. Bony swellings on scalp, arms, and legs. Swellings of face and cheeks. Dry scurfs. Swelling and

caries of bones of ear, nose, face, and mouth. Ulcers; cancerous and syphilitic; fistulous; deep; bluish.

Subjective. Aching pressing in glands. Burning in blotches and blisters. Cramplike feeling in bones. Fornication all over body. Itching, burning, shooting like rays. Laming mercurial pains in bones. Pains in bones, especially of head. Soreness as if excoriated in eruption. Tenderness, pain, pressure, and tearing in bones.

Aggravation. In the morning. In winter. From cold. In the open air. While lying down; after lying down and having risen. When blowing the nose. From mercury.

Amelioration. From moving, getting warm, when walking, and by warmth.

Aurum muriaticum.

Objective. Boils on nates and thighs. Condylomata on prepuce and at anus. Dry crusts. Herpetic exanthema speedily forming a scurf. Inflammation of nose. Purple redness of skin. Dry scurfs. Swelling on wrist-joints (ganglion). Flat ulcers on scrotum.

Subjective. Intolerable itching in herpes. Stitches in ganglion on wrist when grasping anything. Tension in ganglion on wrist when bending hand backward.

Badiaga.

Objective. Adenitis. Bruised spots from falls or blows. Buboës. Chilblains. Scrofulosis. Syphilis. Tetters on forehead.

Subjective. Itching on scalp. Skin sore to touch.

Balsamum Peru.

Objective. Cracks in nipples, fingers, and hands. Indolent ulcers.

Baptisia.

Objective. Small-pox; confluent tardy eruption.

Baryta carbonica.

Objective. Adenitis. CYSTIC TUMORS. Panaritia. Moist crusts on scalp. Excoriation and oozing. Dry exanthemata. Falling off of hair on vertex. Skin of hands dry and rough. Swelling and induration of glands. Warts.

Subjective. Burning itching. Burning stitches in corns. Itching here and there, with pain after scratching. Pricking over whole body. Tingling and burning pricking not relieved by scratching. Pricking as from burning needles. Tension in skin.

Aggravation. While sitting. While lying on the painful side and on the left side. On thinking of his disease. In aged, dwarfish people and scrofulous children. From outward pressure.

Accompaniments. Dropsy after scarlet fever. Emaciation. Putrid breath. Swelling of the parotids, tonsils, and submaxillary glands; with much saliva or dryness in the throat; with pressing, stinging pain on swallowing. Pale swelling of throat.

Baryta muriatica.

Objective. Adenitis; neck and abdomen particularly affected. Yellowish scaly eruptions. Itch-like pimples on head, nape of neck, abdomen, and thighs. Tetters. Fetid, ichorous ulcers in inguinal region.

Subjective. Biting in skin. Burning biting in excoriated parts.

Aggravation. After scarlet fever.

Accompaniments. General dropsy after scarlet fever.

Belladonna.

Nosological. Adenitis. Acne disseminata et punctata. Anthrax. Boils. Bites of insects. Chilblains. Cancerous affections. Erysipelas. Papulous erythema. Eczema. Gangrene. Herpes labialis, facialis, et phlyctænoides. Glandular inflammations and indurations. Impetigo. Measles. Nettlerash. Nævi materni. Phlebitis. Pemphigus. Scrofulosis. Sycosis labialis. Scarlet fever. Ulcers. Varioloides. Varicellæ agnosæ et conoides. Warts.

Objective. Bleeding and soreness of bends of joints. Boils on shoulder. Cold blotches and swellings. Blisters on sternum containing water; on fingers with inflammation; from burns, with white margins; with black scurf and œdema of the parts. Cold and hot gangrene. Dryness and desquamation of the skin. Eruption like measles. Red scaly eruption on lower part of body as far as the abdomen. Eczema on face. Exanthema, flat, smooth, and red. Heat of skin with moisture. Hot swellings. Inflammation of skin and of glands. Indurations following inflammation. Large red pimples on back and scapulæ, and redness of all the skin. Dark-red pimple on left arm. Scattered pimples on left breast. Pustule close to nail of right index-finger, discharging matter. Pustules on arm and nape of neck covered with a crust. Red radii extending from a centre (in nævi materni). Redness and swelling of whole skin. Red, hot, shining swellings. Small dark-red spots of different sizes on chest and thighs. Red spots on backs of both hands. Red spots like fleabites, or bloody spots like petechiæ, on chest, abdomen, face, and neck. Scarlet-red spots and scarlet redness on face, neck, hands, chest, and abdomen, with hot swelling of the parts. Soft, painless tumor on glans penis. Scrofulous and mercurial ulcers. Ulcers with a black bloody crust, with bloody ichor, hard, and swollen. Watery vesicles

on palms of hands and on tibia, so painful that he would like to scream.

Subjective. Burning in skin, in ulcers, when touched, and at night. Boring in glands. Creeping, crawling itching. Cutting, dragging pain in ulcers. Painfulness and pricking in glands. Pricking, darting, biting in skin. Soreness about ulcers and in heads of joints. Painfulness of skin to touch. Fine stinging in tips of pimples. Tingling itching. Biting itching.

Aggravation. In the afternoon, evening, and after midnight. During profuse menstruation, pregnancy, and confinement. From sun-burning and in the sunshine. From drinking, perspiring, and suppressed perspiration. After touching and rubbing the parts. From a draught of air, and after having hair cut, and taking cold, on moving and walking in wind. During sleep. After scarlet fever. In children.

Amelioration. While lying with head high. While standing. While lying down.

Accompaniments. Asthma. Violent, hollow, barking, croupy cough; in paroxysms causing redness of face, moaning, and drowsiness. Convulsions. Delirium on closing eyes, with increased memory power. Drowsiness, with inability to sleep. Diphtheritic sore throat. Epistaxis. Head bent backward. Jerking and starting of limbs. Lips dry and parched. Lameness of the affected parts. Metastasis to brain in small-pox. Involuntary moving of hands to head. Mortification. Quick, small, soft pulse. Dilated pupils and eyes injected. Scalp tender to touch. Difficulty in swallowing. Starts in sleep. Constant drowsy sleep. Thick white-coated tongue. Nausea and vomiting.

Bellis perennis.

Objective. Boils on neck and all over. Bruises, with extravasated blood. Whitlows.

Berberis vulgaris.

Objective. Blotches like nettlerash on upper arm. Scaling off. Formation of a crust about the anus. Small, flat, semi-transparent pimples or rudimentary warts on fingers. Bright-red inflamed pimples on cheeks and lips, ulcerated in centre; single pimples on scalp and face, most numerous on occiput, forehead, and temples; clusters of red pimples with red areola and small tips, containing pus, changing to brown spots. Petechiæ, small, dingy, and red, with spots on forearm and backs of hands. Dingy red, bluish spot on inner side of lower lip. Dark-red spot on cheek, preceded by a chilly feeling there, gradually spreading over whole face. Pea-shaped vesicles on lower lip.

Subjective. Biting gnawing on scalp and face. Burning pricking along the edge of hair on head. Burning itching, with stitches and a sensation of warmth, passing off after scratching, and reappearing in another place; on face, ears, and lips. Chilly feeling on cheek. Itching, burning itching. Stinging. Gnawing. Soreness, with burning, and pain to touch of skin about arms when sitting.

Aggravation. After rubbing.

Borax.

Objective. Eczema on scalp and face. Erysipelatous inflammation. Intertrigo of infants between thighs. Skin difficult to heal; every injury tends to suppuration. Pustules with red areola on middle finger of right hand, with swelling and stiffness of finger, suppurating for a long time. Dark-blue spot at orifice of urethra, as if excoriated. Ulcers in the axillæ.

Aggravation. After menstruation.

Accompaniments. Chills, with thirst. Acrid diarrhœa. Dreams of falling; dread of downward motion. Child

cries and starts screaming from sleep while being laid down in the cradle. Epistaxis. Uneasy sleep. Throbbing headache in temples. Vomiting of food and of bile.

(*Lycoperdon*) **Bovista.**

Objective. Moist, scurfy herpes, like red pimples. Hard, red, lentil-sized pimples on chest. Red pimples on foot. Whitish pimples with red areola on chest. Red, hard, suppurating tubercle on penis.

Subjective. Itching and burning.

Aggravation. In the evening.

Bromine.

Objective. Boils on arm and in face. *Cystic Tumors.* Eczema capitis, with profuse oozing of a dirty, nasty-smelling discharge; scalp covered as with a cap. Goitre. Scrofulosis, particularly swelling.

Subjective. Scalp tender.

Aggravation. In the evening, before midnight. In the warm room. At rest.

Accompaniments. Discharge from ears. Flatulence. Glands of neck swollen. Mouth dry and parched. Nervousness, with forcing pain in temples and nape of neck, preventing stooping. High-colored urine.

Bryonia.

Nosological. Aene punctata. Arthritic nodes. Chilblains. Erysipelas of joints. Eczema. Herpes furfuraceus. Lichen. White and red miliaria. Nettlerash. Prurigo mitis. Purpura hæmorrhagica. Petechiæ. Scabies.

Objective. Eczema in bends of extremities, eruption slowly coming forth; eruption all over, especially on back. Dry, burning heat of skin. Ichor from ulcer, staining linen black. Pimple between thumb and index-finger.

Small, red, elevated pimples brought out by scratching. Pimples on abdomen and hips. Pustules below knees and on the labia majora, with swelling of the parts. Rash, of lying-in women, and in infants; on glans penis; on arms, chest, and above knees, red in the evening and recedes after getting warm in bed. Red rash on forearm and at nape of neck. Hard, inflamed, pale, shining swellings. Scabies; itch-like eruption on inner side of wrist-joint, in bend of elbow, on olecranon, on knee, and in bend of knee. Sometimes dry and red. Red spots on side of neck. Small, round, red spots on arms and feet. Hard tubercles here and there. Vesicles which burst and scale off. Yellow color of skin.

Subjective. Aching, soreness, and burning stinging (in corns), relieved by pressure. A sore, painless spot burns violently. Burning and burning-itching. Coldness and pain in ulcers. Gripping and itching about legs, knees, and thighs. Gnawing-itching pain. Itching and smarting, violent itching. Pricking, darting pains (in corns). Prickings all over. Painfulness of skin, as if flesh were loose. Stinging pains when touched, and during motion. Soreness after scratching. Smarting (in ulcers). Stitches in affected parts. Tearing drawing pains. Throbbing like stitches in scurf.

Aggravation. In the evening. In dry and warm weather. During the first hours of sleep. During motion (exertion of body, getting heated, walking or running), or while mounting an eminence. After scratching, and by touch. On bending downward. During sweat, and from suppressed catarrh and sweat. After taking cold. After suppression of an eruption. From eating cabbage, sour krout, and warm food. From thinking of his symptoms.

Amelioration. From eating cold things. After getting warm in bed. While lying down in bed on back. While reposing and sitting.

Accompaniments. Dry painful cough. Constipation; dry, hard stool, as if burnt. Dry feeling in mouth without thirst, or great thirst; bitter taste in mouth; dyspnoea. Inflammatory affections of chest. Dropsical symptoms. Fever and rheumatic pains, worse upon motion. Meningitis. Nausea on sitting up. White or yellowish coated tongue.

Bufo.

Objective. Carbuncles. Erysipelas. Panaritium. Ulcers.

Subjective. Burning pain in ulcers.

Caladium.

Objective. Eczema on the genitals. Hard, light-red pimples on the inner side of the forearm and chest. White, suppurating pimples surrounded by a red areola. Rash.

Subjective. Corrosive burning. Itching and burning. Soreness (of pimples) to touch.

Aggravation. At night and in the evening.

Amelioration. From perspiration. After sleep.

Accompaniments. Violent oppression of the chest following the disappearance of the pimples.

Calcareo aceticum.

Objective. Erysipelas, with swelling of the cheek. Pimple on the cheek, moist when scratched, leaving a yellow crust. Inflamed swelling below the knees. Yellow color of the skin.

Calcareo carbonica.

Nosological. Adenitis. Boils. Corns. Dandruff. Encysted tumors. Ecthyma. Eczema. Erysipelas. Freckles. Herpes. Leprosy. Measles. Nettlerash. Naevi materni. Psoriasis. Prurigo. Pemphigus. Panaris. Rhagades. Steatoma. Scald head. Scarlatina. Warts. Ulcers.

Objective. Boils on the forehead where the hair begins; on the back joint of the ring finger; on the back of the left hand. Blisters on the left heel changing to boils. Red band on tibia composed of rashlike risings. Dandruff accumulating evenly over the scalp, which is smooth and seems to be thickened. Erysipelas in the face. Encysted tumors, which are renewed and suppurate every month. Eczema, thick, moist (or dry) crust on the face, legs, and bends of the extremities; thin, moist porrigo on scalp. Eruptions, vesicular all over, inflamed, grape-shaped around the anus, tardy, rashlike, chronic, white, elevated, hard nettlerash. Naevi materni of arterial capillaries. Pimples under whiskers, on small of back and nates, on chest, forehead, and about mouth and lips, whose angles are ulcerated. Pustules on the back. Rhagades of people who work in water. Scald head, thick scabs with yellow pus beneath, or in the form of a ringworm. Skin dry, unhealthy, and easily suppurates. Lenticular, red, raised spots. Large, dark spots, without swelling, on the legs. Tubercle at the border of the labia. Ulcers on the legs, on the cheek, fistulous, carious, with redness, swelling, and hardness of the surrounding parts.

Subjective. Stinging-burning. Itching, with heat. Lancing. Pricking. Stinging-smarting.

Aggravation. In the morning and evening. In wet weather. In cold air. On waking. After washing. When rubbed (?). In plump, fat children. During dentition. Before the menses. From suppressed perspiration. In stonecutters. In people who work in the water. From drinking milk. From wet poultices.

Amelioration. In rising-dry weather. In the fresh air. From rubbing, scratching, and being touched. After lying down.

Accompaniments. Aphthæ on tonsils and roof of mouth. Anorexia and much thirst. Longing for boiled eggs. Sore throat. Nose sore and obstructed. Glands of the

neck swollen. Infant very uneasy. Stools have a chalky appearance. Scrofulous diathesis, child pale and languid.

Calcareæ caustica.

Objective. Brown-red spots (scattered or clustered), of the size of a dime, on the anterior part of the leg, with swelling of the skin and pimples. Vesicles filled with lymph, and surrounded by a red areola.

Subjective. Burning. Violent itching and stinging on the neck, back, and chest.

Calcareæ phosphorata.

Objective. Acne rosacea; red vesicles filled with yellow lymph. Carious ulcers.

Subjective. Burning. Itching. Formication.

Camphora.

Objective. Erysipelas in the face. Erythema from exposure to the rays of the sun. Face pale. Large pimple on the buttock. Pustules suddenly dry up and the swelling sinks in (in small-pox). Skin cold, bluish or purple, pale, and withered.

Subjective. Burning pain when touched. Aching in the skin. Violent itching.

Aggravation. In the evening in bed. From cold and cold air.

Amelioration. From warmth (water), and being in the warm air.

Accompaniments. Child refuses to be covered. Limbs cold and purple. Breath, forehead, and perspiration hot. Rattling in the throat. Utter prostration and spasmodic stiffness of the body. Painful and difficult micturition (seq.).

Cannabis sativa.

Objective. Acne rosacea; large nodosity surrounded by

red swelling on nose. Pimples on the nates and thighs. Bright red spots on the prepuce. Small white vesicles on the thighs, with large red smooth edges, leaving brown-red spots.

Subjective. Burning like fire.

Aggravation. In the forenoon.

Cantharis.

Objective. Carbuncles. Erythema from exposure to the rays of the sun. Eczema. Fissure and exfoliation of lips. Gangrene of external parts. Pimples on backs of hands, or between thumbs and under fingers, surrounded by a red areola on sternum. Petechiæ. Ecthymatous pustules. Pemphigus. Erysipelatous inflammation of skin, with exudation of serous liquid, raising the epidermis like a blister. Yellow spots above the umbilicus. Red stigmata on thumb, as if pimples would form. Ulcers with increased suppuration. Vesicles between chin and lips, on forehead and cheek, and on palm of hand.

Subjective. Biting. Burning (in pimples) when touched; and a titillating pain after dinner, as if the parts were raw. Itching and lacerating (in ulcers), and acute drawing. Pricking. Stinging. Tearing. Ulcerative pain when touched.

Aggravation. After dinner. Every seven days. In changeable weather. When touched. After exanthemata.

Amelioration. From rubbing.

Accompaniments. Hands and feet cold. Stinging, smarting during micturition, and yellow urine.

Capsicum annuum.

Objective. Fissures and ulcerations in the lips. Corroding herpes on the forehead. Measles. Red spots or points on the face.

Subjective: Creeping here and there as from a fly. Cor-

rosive itching. Stinging-burning itching. Gnawing-burning itching, as from vermin in the scalp.

Aggravation. In the evening. In children. From changing the position and scratching.

Amelioration. From continued motion (walking).

Accompaniments. Urgent brain symptoms. Restlessness.

Carbo animalis.

Objective. Adenitis; hard swelling. Boils on the arms. Corns. Chilblains. Erysipelas of the face. Copper-colored eruption on the face. Pimples on the face. Hard, elevated ridge near the wrist around the arm. Red or rose-colored spots on the cheeks. Yellowness of the face. Vesicles on the lips, which are chapped and bleeding.

Subjective. Burning pain. Itching. Stitches.

Aggravation. In the forenoon, and evening in bed.

Carbo vegetabilis.

Nosological. Adenitis. Boils. Carbuncles. Chilblains. Eczema. Herpes. Intertrigo. Moles. Nævi materni. Nettle-rash. Prurigo. Scald head. Ulcers. Scabies.

Objective. Adenitis; glandular and lymphatic swellings, suppurations, and indurations. Boil on the upper arm, with pimples all around it; before the ear, and under the jaw. Blotches on calves of the legs. Fine blotches like dry itch. Large red blotch, with a black pimple in the centre, close to the rectum. Blotches on the wrists and feet. Carbuncles, dark, blackish, and of a fetid odor. Eczema on the legs. Fine eruption on the hands. Herpes, moist, on chin and at commissures of lips. Intertrigo, much rawness of parts opposed. Lips cracked, blistered, and ulcerated. Reddish-brown moles. Nævi materni; bright-red, round, flat aneurisms by anastomosis (venous capillaries), bleeding profusely when irritated or wounded. Pimples on the nape of the neck. White pimples on the

backs of the hands turning red after scratching. Red pimples on the face in young persons. Scabies; eruption dry and fine (or humid) all over, but worse on the extremities. Single, scattered, red spots on the neck. Red sore spots about the pudendum, looking like little ulcers. Ulcers discharging pus of a cadaverous odor. A healed ulcer breaks open and discharges corrosive bloody lymph. Varices Vesicles on the knees.

Subjective. Burning pain. Itching changed to burning by scratching. Itching and soreness in the axillæ. Pressure and tension around ulcers. Tingling.

Aggravation. In the morning. In wet weather. In very warm weather. From wrapping up. From cold(?). From scratching. After undressing. After mercurial salves. From abuse of Peruvian bark. From eating butter and pork.

Accompaniments. Breath, extremities, and perspiration cold. Dyspepsia, belching wind and passing flatus. Putrid sore throat, sloughing away of the smaller parts of the fauces. Rattling in the throat. Utter prostration. Persistent hoarseness.

Carbolic acid.

Objective. Acne. Carbuncles. Cancerous affections. Eruption, vesicular, all over. Eczema. Pustular eruption. Impetigo. Lupus. Leprosy. Psoriasis inveterata. Prurigo. Pityriasis. Pediculi. Scabies. Scarlatina maligna. Confluent small-pox. Indolent irritable ulcers with unhealthy granulations and fetid pus.

Subjective. Itching of various parts.

Carburetum sulphuris.

Objective. Burns and scalds. Herpes exedens; tetter-like eruption, produced by scratching with the fingernails, spreads, and is covered by yellowish-brown scabs.

Herpes phlyctænoides covering the dorsum of the left hand; vesicles on a red, swollen, painful basis; mostly separated from each other; contain an opaque yellowish fluid, which discharges and forms thick yellow scabs.

Subjective. Itching.

Causticum.

Objective. BURNS. Blisters on the feet after rubbing. Dry eruption, size of a pin's head, with hollow tips, leaving red spots when scratched open, on the forehead, arms, and abdomen. Encysted tumors. Felons. Herpes on the ring finger and the nates; humid at the nape of the neck. Nodosities under the skin. Nettle-rash. Pimples here and there on the face; pimple changed to a wart. Pemphigus. Rash on the thighs. Scarlet fever. Scabies. Ulcer on the lips. Large vesicles on the chest and back. Varices. Warts. Yellow color of the face and the warts upon it.

Subjective. Burning after scratching. Formication. Gnawing itching.

Aggravation. In the evening. During dry weather. From cold. During perspiration. On waking. After Sulphur and Mercury.

Amelioration. During wet weather. From being in warm air. From cold water (?).

Accompaniments. Involuntary micturition when sneezing, coughing, or walking. Sensitiveness to cold air. Orthopnœa with chill, heat, and sweat.

Cerasus Virginiana.

Objective. Ulcers and scrofula.

Chamomilla.

Objective. Erysipelas in the face. Excoriation of children and infants between thighs. Lips excoriated,

cracked, and ulcerated. Miliary eruption on the cheeks. Pustulous pimples on the face. Pimples about an ulcer, with scurf and suppuration. Thick clusters of red pimples on red spots on the skin in the lumbar region, and on the side of the abdomen. Rash of infants and lying-in women. Red rash on cheeks and forehead. Small red spots on the skin, covered with rash-pimples. Redness and swelling of ulcers. Skin yellow and unhealthy; small injuries suppurate. Ulcers.

Subjective. Burning. Creeping and sensitiveness to touch. Bruising pain and smarting. Itching. Lancinating and darting in ulcers. Stinging pain, leaving soreness after scratching. Smarting. Shuddering all over.

Aggravation. In the evening and night. In children; when the child has been kept too warm. After taking cold. After scarlet fever. During the menstrual flow. During pregnancy. During perspiration, and after suppressed perspiration.

Amelioration. From warmth. After perspiring.

Accompaniments. Painful, acrid, watery diarrhœa. Child fretful, and must be carried up and down to be relieved.

Chelidonium.

Objective. Elevated exanthema on the face. Eruption on face like miliary rash, measles, and herpes. Pimples, pustules, and vesicles on the face. Spots above the tendo Achillis. Red round spots on the forearm. Skin yellow all over. Old putrid spreading ulcers.

Subjective. Burning pain and stinging. Skin feels cool.

Aggravation. In the morning. From motion.

China or Cinchona.

Objective. Bleeding after scratching. Boils on the chest. Erysipelatous swelling of the whole body. Humid

gangrene. Nettle-rash coming out after scratching. Pimples on the loins, arms, and chest. Pemphigus. Skin placid and dry. Hard dark-red swelling on the calf of the leg, terminating by suppuration. Arthritic and rheumatic hard red swellings. Ulcers with fetid ichor.

Subjective. Biting itching. Beating in ulcers. Burning and pressure. Boring. Itching. Pulling and titillation. Stinging itching in wounds. Painful sensitiveness of the skin, even of the palms of the hands.

Aggravation. At night. Periodically. In wet weather. In the heat of the bed. From washing. After scratching. After suppressed perspiration. From drinking milk.

Accompaniments. Anasarca. Threatened anæmia, with diarrhœa or lenteria. Swelling of the limbs.

Chininum sulphuricum.

Objective. Cancerous ulcers. Thick, livid, humid crust, which becomes dry and black, with red, humid, and finally yellowish dilated margins. Erysipelas gangrenosa. Gangrenous mortifications. Inflammation of the skin. Deadness and livid redness of the skin, with the formation of a gelatinous pseudo-membrane or thin superficial scurf. Fetid suppurations. Skin placid and sensitive to the touch. An ichorous ulcer changes to one secreting mucus.

Subjective. Sensitiveness and tightness of the scalp, and soreness of the roots of the hair.

Chloral hydrate.

Objective. A purple discolored band two inches wide along each side of the vertebral column. General desquamation in round patches like blisters, from which serum had been absorbed, leaving the skin beneath of a purple (and in some places yellow) color; arms red and speckled

with shreds of white dead epidermis partially separated from the subjacent cutis. Bright-red or bluish erythema over the whole body, permanent under pressure, mottled with livid patches and deep red spots. Erysipelas. Herpes circinnatus. Nettle-rash. Purpura hæmorrhagica. A mass of minute points or stigmata upon the red surface of the left arm, of a much deeper red, permanent under pressure. Pruritus of the whole skin and of the mucous surfaces of the upper outlets of the body. Scarlatina. Large greenish spots at the base of the spine.

Subjective. Sensation as if a hair were on the nose or cheeks, compelling scratching, when it shifts to another place.

Accompaniments. Lips, mouth, and fauces red and raw, gums spongy, and tongue blistered and ulcerated. Lips covered with sordes and dried blood. Left arm swollen and indurated. Pulmonary congestion. Great prostration, tendency to somnolence, weak, irritable pulse (threatened paralysis of the heart), and deeply coated tongue.

Cicuta virosa.

Objective. Eruptions, purulent, suppurating in the face, with yellow scurf on chin like dried honey. Eczema on the face. Humid, scabby herpes. Lentil-sized, dark-red pimples in the face and on the hands, becoming confluent. Pustules on both hands and balls of thumbs running together into one dark-red pustule. Scald head; thick white scurfs on the chin and upper lip which secrete a dampness; sometimes scurfs in the nose. Swelling of the neck from wounding the œsophagus. Vesicles on the upper lip; red vesicle on the right scapula. Painful ulcer on the lips.

Subjective. Burning-itching of the whole body.

Cimicifuga (Actea) racemosa.

Objective. Papular eruption on backs of hands and

wrists. White pustules on face and neck, sometimes large, red, papular.

Subjective. Heat in one side of the face. Pricking and heat all over.

Cina.

Objective. Red pimples.

Subjective. Fine burning stitches. Violent itching at night.

Amelioration. By scratching.

Accompaniments. Child bores nose with fingers; very fretful, and nothing pleases. Urine milky on standing. Colicky pains. Frequently called for in *minor skin affections of scrofulous children and infants.*

Cinnabaris.

Objective. Sycosis. Small red spots on glans penis. Red spots and points on the neck and chest changing to little blotches. Warts on the prepuce bleeding when touched.

Subjective. Burning and itching.

Aggravation. After scratching.

Cistus Canadensis.

Objective. Adenitis. Vesicular erysipelas. Herpes on the ears. Lupus on the face. Scrofulosis. Mercurial and syphilitic ulcers.

Aggravation. In the evening and at night. From cold air.

Clematis erecta.

Objective. White blisters on the face, as if burnt by the sun. Fungous excrescences. Humid eruption, with corrosive ichor, redness, and swelling of the skin. Dark, miliary eruption, exuding a dampness, which dries into crusts. Vesicular and herpetic eruptions. Herpes, scaly,

with yellowish, corrosive ichor; herpes red and humid while the moon increases, and pale and dry while it decreases. Eczema on the face inflamed during the increasing and dry during the decreasing of the moon. Large pustules around the loins. Psoriasis. Scabies sarcoptica. Scald head. Cancerous ulcers.

Subjective. Burning pain or sensation of heat. Itching and heat. Tingling and throbbing in ulcers.

Aggravation. During the increase of the moon. From washing. From the heat of the bed. From wet poultices.

(Erythroxyton) Coca.

Objective. Dry, papulous eruption on the backs of the hands.

Cocculus.

Objective. Adenitis; cold, hard, glandular swellings. Hard, dry blotches, surrounded by red borders on limbs, wrists, and back of fingers. Blister on edge of hand where finger commences. Boil on the inner side of the thigh. Hard blotches containing no fluid, surrounded by a red areola. After scratching, oozing of hardy lymph. Red miliary pimples on face, back, and chest in the evening after undressing. Red pimple under the shoulder. Single pimples filling with pus, and then drying up and disappearing, on nose, temples, chest, and between scapulæ. Pimples covering the inner side of the thighs. Wine-colored (red) irregular spots on the chest and behind the ears.

Subjective. Burning and itching as from nettles. Burning-itching stitches and dull stitches. Itching on chest, tibiæ, and in axillæ. Lacerating. Stinging pain and heat, as from a needle-point, when touched. Tearing pains. Sticking pains.

Aggravation. During pregnancy. In the open air.

After scratching. From warmth. When covered up.
When touched.

Coffea.

Objective. Purple miliary eruption all over. Measles.
Scarlatina. Small-pox.

Subjective. Itching all over changes to burning. Excessive sensitiveness of the skin.

Accompaniments. Short, dry, hacking cough. Nervous restless agitation, preventing all sleep. Palpitation of the heart. Weeping and irritability.

Colchicum.

Objective. Eruption and yellow spots on the face.

Subjective. Itching as from nettles. Lacerating jerks, and tension. Stinging. Tingling.

Aggravation. In the evening and at night.

Amelioration. While reposing.

Accompaniments. Œdematous swellings and anasarca. Nephritis; urine bloody and inky, and contains albumen.

Colocynthis.

Objective. Boils on the neck and face. Carbuncles. Corns. Herpes (scabby) on the face. Itchlike eruption. Pimples on the face. Skin peels off all over. Painless tumor, size of a pigeon's egg, on the right tarsus.

Subjective. Burning, jerking, tearing pain. Smarting-itching, followed by perspiration.

Aggravation. In the evening in bed. During rest.

Accompaniments. Restlessness, followed by perspiration.

Commocladia dentata (Guao).

Objective. Erysipelatous swelling of various parts of the body, followed by yellow desiccation and desquamation. Vesicular, pustulous, ulcerative eruption on the legs. Herpes zona. Inflammation of the skin, followed by deep,

hard-edged ulcers, discharging thick, purulent, greenish-yellow matter of a fetid odor; the parts appear like raw meat, and the skin is covered by small shiny scales.

Subjective. Painful burning on the face and arms. Violent itching.

Conium.

Nosological. Adenitis. Cancer (scirrhus) and cancerous ulcers. Gangrene. Herpes. Impetigo capitis. Lichen agrius. Nettle-rash. Petechiæ.

Objective. Bleeding from ulcers. Blueness of the whole body. Cancer on the lips, breast, etc., and in the middle of long bones. Gangrene of one part of an ulcer. Edges of ulcer turn black, with effusion of fetid ichor. Chronic, humid, or crusty herpes. Pustule on the foot. Large pimple on the mons veneris. White transparent pimples filled with an acrid humor, which forms scabs resembling those of scabies. Fine rash on face, back, and body. Yellow spots on the fingers. Chronic, brown, frequently recurring red spots on the body. Ulcers on the face and lips. Skin hot.

Subjective. Burning. Creeping. Itching and stinging. Pricking-itching. Shifting, evanescent itching. Itching-burning stitches. Intolerable pains in affected parts. Tingling. Stinging like flea-bites, always one stitch at a time.

Aggravation. At night. In the snow air. When walking (?). From rubbing. AFTER CONTUSIONS. From drinking milk. From suppressed menstruation.

Amelioration. From continued motion (walking ?). From outward pressure. While fasting.

Accompaniments. Black crusts on lips and teeth. Dropsy. Delirium or senselessness. *Parotid and submaxillary glands swollen as hard as a stone.* Fecal, fetid, smarting perspiration (with pimples).

Copaiva.

Objective. Eczema, consisting of small vesicles smaller and flatter than the mercurial eczema. Measle-shaped exanthem, dark-red (or bright), elevated, lentil-sized, clustering together, and becoming confluent. Nettle-rash, isolated patches. Groups of papules and pustules. Spots like those of a tiger, scarlet-red or rose-colored. Roseola.

Subjective. Itching of raw spots.

Accompaniments. Pains in limbs and stomach. Great restlessness of the extremities. Urine scanty and full of sediment, with burning in the urethra after micturition. Sleeplessness.

Corallium rubrum.

Objective. Psoriasis. Smooth red spots on the palms of the hands; at first coral-color, then darker red, and finally copper-colored. Red flat ulcers on the glans penis and inner surface of the prepuce, with yellow ichorous discharge.

Cornus circinata.

Objective. Fine scarlet rash on the breast. Copious, clammy perspiration.

Subjective. Itching in paroxysms, mostly at night.

Cosmoline.

Objective. Burns. Bruises. Blisters. Cuts. (Hæmorrhoids.) Acute inflammation of the skin. Scalds. Sprains. In the above, used locally especially. Also eczema, and herpes zoster.

Crocus sativa.

Objective. Chilblains. Livid complexion. Scarlet redness of the whole body. Circumscribed red spots on the face.

Subjective. Burning. Tingling.

Aggravation. In the morning. During pregnancy. In the warm room.

Amelioration. In the open air.

Crotalus cascavella.

Objective. Yellow complexion. Pustules on toes of left foot. Red pimples with white tips all over. Pimples like flea-bites, becoming raised, exfoliating, and leaving a black point in the centre. Pimples on the scalp. Bright yellow spots on the upper part of the right hand. Round spot between the breasts, black above and red below.

Subjective. Fornication (in face and feet). Itching (on thighs, calves of legs, and soles of feet). Pricking (in the bends of knees especially) all over.

Crotalus horridus.

Objective. Abscesses on the elbow discharging a red-brown matter, with shiny particles. Blisters and livid spots on the body. Little blotches on the skin. Small blisters around the eyes. Eruption in five stages, redness, vesicles, pustules, desiccation, and desquamation. Vesicular eruption on the septum narium. Scarlet erythema over the whole body. Eruption around the mouth. Eschoriæ, dry, and finally black. Erysipelas of the face. Herpes on the scrotum. Gangrene, separated from the muscles by a fetid fluid; black spots, with red areola, and dark blackish redness of adjacent tissues. Pimples on the face. Scarlet redness, with rashlike vesicles. Yellow and black spots all over. Yellow-greenish and bluish spots, with decreased swelling. Swelling on the wrist containing serum. Swelling of the whole body, and of the submaxillary glands and tonsils especially. Malignant ulcer where the bite was inflicted (fourteen years before), with swelling of the parts.

Accompaniments. Complexion and urine yellow. Indifference. Shivering and diarrhœa. Nausea, headache, and irregular stool. Frequent raising of mucus, with a burning sensation in the throat and rectum. Frequent fainting fits, with imperceptible pulse.

Croton tiglium.

Objective. Eczema on the face and genitals. Eschoriæ dry, and finally black. Scarlet erythema all over, with rash-like vesicles. Erysipelas of the face; œdematous indented eyelid covering the eye, and large water-blisters on the chin. Herpes, redness of the skin, formation of vesicles and pustules; desiccation, desquamation, and falling off of the pustules. Impetigo. Prurigo. Pustules. Vesicular and erysipelatous redness of the skin.

Subjective. Painful burning and itching.

Accompaniments. Salivary submaxillary glands and tonsils irritated and swollen.

. Cundurango.

Objective. Pustular eruption. *Open* epithelioma. Erysipelas. Salt rheum; rhagades on the hips and in the bends of the knees, discharging an ichorous fluid, irritating the surrounding parts. Scrofulosis. Small-pox. Syphilis. Teleangiectasis. Cancerous (open) ulcers.

Cuprum aceticum.

Objective. Leprous eruption, consisting of spots, without itching. Repercussion of the eruption, and metastasis to the brain. Face pale and twitching. Measles. Scarlatina.

Aggravation. After the use of Pulsatilla.

Accompaniments. Convulsions. Vomiting and gagging. On falling asleep begins to talk, scold, scream, turn, and twist; when awakened is rational.

Cupri arsenitum.

Objective. Boils on the scrotum. Eruptions of various kinds. Pustular tumors on the wrists and ankles.

Subjective. Itching of the arms and legs.

Cuprum metallicum.

Objective. Contraction of the skin all over the body. The eruption quickly disappears. Eruptions resembling lepra, dry itch, measles, and scarlatina. Herpes in the bend of the elbow forming yellowish scales. Rash on chest and hands. Spots on the arms. Old ulcers. Watery vesicles on the tips of the fingers.

Subjective. Burning-itching.

Aggravation. At night. Before the menses.

Amelioration. During the sweat. From being mesmerized.

Accompaniments. Convulsions, rolling of the eyes, and distortion of the face, mouth, and flexor muscles. Delirium. Great restlessness. Sopor.

Cyclamen.

Objective. Eczema on the face. Bright red spots on both thighs. Red vesicles at the middle joint of the little finger of the left hand.

Subjective. Itching-gnawing. Stinging-itching. Pressing, drawing, or tearing pains. Sudden, sharp, continuous pricking, leaving a numb sensation.

Aggravation. In the afternoon, and in the evening in bed. From eating fat food. After the itching.

Amelioration. From moving and walking. From scratching, wiping with the hand, and being touched.

Digitalis.

Objective. Cyanosis. Desquamation all over. Black pores in the skin, which ulcerate. Pimples on the back.

Rash on the hands. Skin is pale and yellow. Elastic swelling of the legs, and then of the hands and arms. White elastic swelling of the whole body.

Subjective. Corrosive itching darting. Gnawing itching increasing to intolerable burning pricking, alternately increasing and decreasing. Skin painful to the touch. Titillation in the affected parts.

Aggravation. In the warm room.

Amelioration. Temporary, by scratching.

Accompaniment. Increased urine.

Dolichos pruriens.

Objective. Dry tettery eruptions on arms and legs, resembling zona. Prurigo.

Subjective. Violent itching all over; sometimes with no perceptible eruption.

Aggravations. At night. During pregnancy. From scratching.

Drosera.

Objective. Measles. Red spots on back of hand and behind wrist. Deep ulcer on the back of the right hand with discharge of bloody water.

Subjective. Burning after rubbing. Itching stinging.

Aggravations. By rubbing. On getting warm in bed. While lying down. After midnight.

Accompaniment. Cough like hooping-cough, with drawing together of the abdomen.

Dulcamara.

Nosological. Adenitis. Dandruff. Eczema. Herpes. Impetigo. Measles. Nettle-rash. Pemphigus. Scarlatina. Scald-head. Warts.

Objective. White blotches with red areola on arms and thighs. Vesicular eruptions; suppressed eruptions; humid eruption on the cheek. Herpes, oozing after scratching,

reddish with red areola, bleeding when scratched, with red edges sensitive to touch and cold water; small round herpes, dry or humid, spreading and forming brown or yellow crusts; herpes on the labia and hands especially. Bright red acuminate pimples, filling with pus. Small pimples on the chest and abdomen. Pimples and small ulcers about the mouth. Pustules which close, itching after scabbing over. Suppurating pustules. Red spots with vesicles. Scald-head, thick brown crusts with reddish borders on temples, forehead, and chin, which bleed when scratched. Hot dry skin. Warts on the hands. Wens.

Subjective. Burning when rubbed. Burning itching, like the rapid crawling of insects. Itching stinging.

Aggravation. At night. After taking cold; from cold damp air. By washing. When rubbed. From suppressed menstruation. By scratching at first and then amelioration.

Amelioration. In dry weather. From warmth. From continued motion. After scabbing over.

Accompaniments. Constipation and painful strangury. Gripping pain in the bowels, nausea, and diarrhœa. Glandular affections. Soft, full, slow, bounding pulse.

Electricitas.

Objective. Blister filled with a greenish, sanguineous fluid on the hand. Carbuncles. Eruptions like measles and itch. Miliary eruption. Eruption of small nodosities. Red spot on the knee. Whitish spot on palm of left hand. Crusty ulcers on the extremities. White vesicles. Wheals.

Subjective. Itching and burning. Tingling.

Eugenia iambos.

Objective. Pimples (sore acne) on the face.

Euphorbium.

Objective. Boils. Chronic and erysipelatous eruptions.

Herpes. Swelling of the face with pea-sized yellow vesicles. Scarlet red streaks on the left forearm, disappearing when moving the finger over them. Old, indolent ulcers.

Warts.

Subjective. Biting, stinging, gnawing, and burning itching. Sensation as if a thin cord lay under the skin.

Aggravation. From contact. While lying down. From changing one's position.

Amelioration. From continued motion.

Euphrasia.

Objective. Condylomata. Fine eruption around the eyes and on the nose. Measles. Rash on the face.

Subjective. Burning. Formication and numbness of the parts. Shooting itching. Stitches here and there all the night.

Aggravation. In the evening. When touched.

Accompaniments. Tosses about in bed, and cannot get warm. Streaming of hot acrid tears from the eyes, with great photophobia and profuse and fluid coryza. Cough only by day.

Euonymus Europæus.

Objective. Small reddish dry spots and pustules on the chest.

Ferrum aceticum.

Objective. Inflammation and suppuration of dark hepatic spots. Fiery redness of the face, which is covered by yellow spots. Varices on the feet.

Ferrum metallicum.

Objective. Chlorosis. Where *Ferr. acet.* seems indicated and fails. Scrofulosis.

Subjective. Burning sensation, with pain as if excoriated when touched.

Aggravation. Periodically. After midnight. From

changing one position. While lying down. From hot food. From abuse of quinine and tea.

Amelioration. From continued motion.

Fluoric acid.

Objective. Bed-sores. Nævi materni. Pimples. Ulcers with red borders and vesicles. Varicose veins on the left leg (in an old man). Small, bright red, round, elevated blood vesicles, resembling flesh warts.

Subjective. Burning. Itching of cicatrices of ulcers.

Galvanismus.

Objective. Blisters becoming painful, brown, and swelled; or else discharging much corrosive serum. Miliary eruption, like scarlatina, over the whole body except the face; scarlet redness of the neck, chest, arms, and legs. Reappearance of suppressed scabies. The margins of ulcers become inflamed.

Galium.

Objective. Scurvy. Aphthæ. Cancerous tumors on the tongue. Dropsy. Inveterate skin diseases.

Gelseminum.

Objective. Erythema of the face and neck. Papulous eruption on the face like measles. Eruptions recede. Erysipelas, not vesicular or phlegmonous, but a milder variety. Measles (especially catarrhal symptoms). Scarlatina. Pimples on the forehead and neck.

Aggravations. At night. When moving.

Accompaniments. Chilliness. Deep-red, flushed heavy face, as if the patient were intoxicated; eyes suffused and heavy. Delirious muttering. Profound prostration of muscular power. Throat feels filled up, and is red and swollen.

Ginseng.

Objective. Erythema on right cheek, ala nasi, and chin, followed by chapping of the parts. Mealy herpes with desquamation after fifteen days. Lips dry, red, cracked and bleeding, especially the lower lip. Miliary rash. Pimples on neck and chest.

Subjective. Burning. Itching. Tingling.

Granatum.

Objective. Chilblains. Painful corns. Adenitis. Pus-tules on forehead and temples, leaving small tubercles. Ulcers.

Subjective. Burning-itching. Sensation as if the parts were excoriated. Dry heat all over.

Graphites.

Nosological. Adenitis. Boils. Dandruff. Phlegmonous and vesicular erysipelas. Encysted tumors. Erythema. Eczema. Felons. Freckles. Falling off of the hair. (Zona.) Herpes. Intertrigo. Lichen agrius. Prurigo. Nodosities. Scrofulosis. Scald-head. Ulcers.

Objective. Small boils on the neck, back, and arms. Phagedenic blister on the little finger, suppurating and discharging pus. Dandruff, with transparent, glutinous discharge. Eczema on genitals, calves of legs, bends of extremities, and head and face, and hands and forearms; worse on the left side of the face; and thick crusts and a raw surface and deep rhagades; scald-head, with transparent, glutinous discharge, forming crusts; worse on the left side of the face, and on the chin, and behind the ears. Eruptions humid and scabby, sometimes with secretion of corrosive serum on the face, as if the skin were raw; vesicular, below the ankles; humid on the scrotum, over the nates and thighs, with but little moisture; like red spots on the arms. Erysipelas (phlegmonous and vesicular)

near the navel, with large vesicles; with transparent glutinous exudation; chronic, running in streaks. Excoriation in children, especially behind the ears and between the thighs, with transparent glutinous exudation. Felons; superficial inflammation about the root of the nail. Herpes, especially on face, tibia, and upper part of thighs; humid, like an inflamed swelling. Proud flesh and fetid pus in ulcers; deformity and thickening of the nails. Pimples moist on face, on labia; small red tips full of pus at night, and gone the next day; full of acrid water. Skin of the neck hard, nodulous, and rough. Obstinate chronic dryness of the skin. Skin unhealthy, every injury tends to suppurate. Red spots like flea-bites. Red spots all over, especially on the calves of the legs, for seven days. Red spots on the thighs. Innumerable red tips on the thighs. Encysted tumors. Inveterate ulcers. Scurfy ulcer on the tibia, with inflamed edges and swelling all around; scurf from the ulcer smells like herring pickle. Painless vesicles on the swollen prepuce. Corrosive vesicles. Small vesicles after scratching. Pustules on the toes. Small pustules on the chin and chest.

Subjective. Burning-throbbing. Burning-stinging spreading in rays in the face during erysipelas. Burning in an old cicatrix. Gnawing-itching. Itching. Tearing-burning shooting. Pressure. Violent pain in the ulcerated limb, as if the bone were being dashed in pieces. Smarting. Stinging. Stitches.

Aggravation. At night and in the evening (itching). In women with feeble catamenia (herpes). During, after, and from suppressed menstruation. On the left side, especially face. In a draught of air. From cold and wet. After drinking. In the warmth of the bed. After scratching.

Accompaniments. Face pale and bloated. Diarrhœa after menstruation. Constipation. Stools large, and almost impossible to evacuate.

Gratiola officinalis.

Objective. Acne punctata. Small boils. Running, corrosive, eruption-like scabies or herpes. Herpes. Itchlike pustule below the left buttock. Miliary pimples with yellow tips. Redness of the face.

Subjective. Itching, with burning. Tension and tingling, and sensation of swelling in the face.

Aggravation. In the afternoon. After eating. After scratching.

Amelioration. From contact.

Guaco.

Nosological. Cancerous ulcers and tumors. Obstinate, indolent ulcers. Syphilis (chancres).

Guaraca trichloides.

Objective. Acne rosacea. Adenitis. Eruption behind the ears. Dry eruptions. Eruptions of vesicles. Steatoma. Red spots on the legs. Yellow spots on the temples. Lupus of an ochre-red color.

Aggravation. In the room. After acids. After physical exertion.

Amelioration. From warm coverings.

Gummi gutti.

Objective. Papulæ on both hands, at first pale, and afterwards red. Pemphigus. Swelling and redness of the affected parts. Burning vesicles on the inner side of the lips.

Subjective. Burning, stinging, gnawing, and ulcerative pains. Itching and formication here and there all night. Pain as if bruised.

Aggravation. In the evening and at night. After scratching.

Amelioration. While walking in the open air.

Gymnocladus Canadensis.

Objective. Erysipelas in the head and face, which is swollen and hot.

Subjective. Sensation as if flies were crawling over the right side of the face.

Aggravation. In the evening. After eating. From walking.

Haracleum sphondilium.

Objective. Humid eruptions like scabies.

Subjective. Much itching.

Helleborus.

Objective. Miliary eruptions. Falling out of hair and nails. Peeling off of the epidermis. White vesicles on the lips. Skin pale. Scald-head; moist scales, with engorgement of the glands of the neck. Small vesicles on the fingers of the right hand, humid for a long time, and then covered with scurf.

Subjective. Pricking. Pressing. Sharp tearing stitches here and there. Soreness of the bone under vesicles. Smarting when touched. Sensation as if swollen parts were too heavy, and were being pressed asunder. Tearing pains.

Aggravation. From 4 to 8 P.M., and in the evening especially. In the cold air. In warm weather.

Accompaniments. Sudden dropsical swelling of the whole body from repercussion of scarlet fever or purpura miliaris.

Hepar sulphuris calcarea.

Nosological. Adenitis. Acne punctata. Boils. Eczema. Erysipelas, simple, vesicular, and phlegmonous. Crusta lactea and serpigiosa. Herpes. Intertrigo. Net-tlerash. Panaris. Scald-head. Scabies. Scrofulosis. Scurvy. Syphilis. Encysted tumors. Ulcers, chancrous, chancroid, inveterate. Varices.

Objective. Boil on the buttock. Large boils. White blisters after scratching, discharging a whitish fluid. White blisters on the lips, chin, and neck. Eczema on the face and genitals, with a purulent secretion. Scaly eruption on the hands. Eruption of pimples and tubercles. Humid herpes, especially on the face. Intertrigo, spreading by new pimples beyond the main excoriation, which become merged into the old sore. Nettlerash on the hands and fingers, chronic form. Pimples around the knee, painless on the nape of the neck. Suppurating pimples on the sternum. Pimples on the forehead and chin. Crusty pimples on the faces of young people. Skin chapped, and rhagades on the hands and feet. Fat, pustulous, crusty scabies. Scald-head spreading as does the Hepar intertrigo (see above). Scurfy eruption on the right half of the nose, extending to the lip, with a deep fissure. Skin yellow and unhealthy; every small injury suppurates. Red tubercle on the right buttock. Ulcer on the last rib of the right side. Chancrous ulcers on the prepuce. Ulcers bleed easily when gently rubbed, and discharge pus, smelling sour, putrid, and like old cheese. Inveterate, putrid, and cancerous ulcers. Vesicles on the chin. Varices.

Subjective. Burning-itching. Burning and throbbing in ulcers at night. Gnawing corrosive pain in ulcers. Pricking tension. Pulsative pain in ulcers. Stinging soreness. Severe stitches in ulcers while laughing. Stinging-burning in corns. Shooting in ulcers. Violent throbbing gathering pain.

Aggravation. At night. In the morning. From cold air. In dry weather, and in clear, fine weather. In the east wind. After the abuse of mercury. From exercise. From contact and outward pressure. From denudation. After injuries (falling, knocking, bruising, etc.). From lying on the painful side. On the right side. During the intermittent fever.

Amelioration. In damp weather. From warmth, wrapping up, and in warm air. In the open air. When at rest.

Accompaniments. Urine blood red. Dropsy after suppressed eruptions. Croupy cough with rattling in the chest, and without expectoration. Hepar hastens, increases, and shortens the suppurative process.

Hippomane mancinella.

Objective. Face swollen and covered with small desquamating vesicles. Scarlet fever.

Subjective. Burning. Itching-stinging. Stitches.

Aggravation. At night. After eating.

Amelioration. From heat. From lying down.

Accompaniments. Sore throat in scarlet fever; dryness and burning in the throat; difficult deglutition. Stitches in the throat. Much thirst.

Hydrastis Canadensis.

Objective. Eczema along the borders of the hairy scalp. Erysipelas of the face; erysipeloid rash on the face, neck, palms of hands, wrists, and joints of the fingers. Eruption like small-pox on the face. Small-pox with redness and swelling. Exfoliation of the skin. Infantile intertrigo. Pimples about the mouth and chin. Scurvy; ulcers on the legs

Subjective. Burning heat and itching.

Accompaniments. Sore throat (ulcerated). Great physical prostration, faintness, and weakness.

Hydrocyanic acid.

Objective. Red pustules on the inside of the hip. Skin dry and pale, with a blue tinge. Scarlatina, at first dark and then livid. Vesicles on the arms and the neck.

Subjective. Itching especially between the chin and the lips.

Hyoscyamus.

Objective. Abscesses on the left side of the neck. Large boils frequently. Miliary eruption especially after the abuse of *Belladonna*. Gangrenous spots and vesicles here and there on the lower limbs. Herpetic spots on the nape of the neck. Two pimples at the elbow. Eruption of dry pimples like confluent small-pox. Large pustules on the chin. Scarlatina. Skin dry and brittle, or else soft and warm; inflamed vermilion red. Brown spots on the skin. Bleeding ulcers.

Subjective. Painful warmth after applying the hand to the parts. Pricking stitches from within outward.

Aggravation. In the evening. During and from approaching menstruation. With children. After taking cold. From eating and drinking. From contact.

Accompaniments. Mouth dry; cannot swallow. Obstinate dropsy. Abdomen distended and tympanitic. *Stools watery and involuntary*, and are unnoticed by the patient. Stupid drowsiness, or sleeplessness and nervous restlessness. Vacant staring or else red prominent eyes. Speech embarrassed and indistinct muttering; delirious loquacity.

Hypericum perforatum.

Objective. Eruption like nettlerash on both hands at 4 o'clock P.M., and in the evening. Wounds from nails, splinters, needles, mashed fingers, etc. When nerves have been injured, *Hypericum* is a prophylactic to lockjaw.

Subjective. Violent itching. Smarting.

Aggravation. At 4 P.M. In the evening.

Accompaniments. Oppression of the chest. Chilliness all over. Vesical tenesmus. Much thirst.

Ignatia.

Objective. Blotch at the anus. Boil on the inner side of the thigh. Chilblains, excoriation, and vesicles (pruritus). Eruption on the face. Nettlerash.

Subjective. Burning in ulcers. Itching relieved by scratching. Fine pricking like flea-bites.

Aggravation. In the morning. In the evening. After sweating. During the (chill in) intermittent fever. After eating. From coffee, sweet food, and tobacco. After getting warm in the open air.

Amelioration. From scratching. By changing one's position. When lying on the affected part.

Indigo.

Objective. Boils on the neck and buttocks. Blotches on the hands. Small blisters on the left side of the face from the forehead to the neck. Pimples on the face and body.

Subjective. Excessive itching (preceded by a dull headache), especially on right elbow-joint.

Aggravation. In the afternoon and evening.

Amelioration. From rubbing, pressure, and motion.

Iodine.

Objective. Adenitis. Flat blister on the knee as if full of bile. Large boil between the scapulæ, with gangrene of the legs. Small boil on the posterior surface of the right upper arm. Furfuraceous eruptions. Eruption like scarlet-rash. Fungus articularis after measles. Felons. Goitre. Glandular swellings on nape of the neck, in the axillæ and the groins. Herpes. Glandular indurations. Blue-red nodosities (furfuraceous) in the integuments of both mammæ, with desiccated points at their tips. Papulæ. Small dry red pimples on the arms, chest, and back. Redness on the neck and chest as if ecchymosed. Scrofulosis. Scald-head. Small yellow scurf at each nostril and concha. Yellow spots on the neck. Round spot between thumb and index finger covered with two whitish vesicles. Red spots on the nose below the eye. Skin dry, rough, thickened, brown like parchment. Scales

off, leaving a greasy sweat under the scales. Edematous dropsical swellings. Hot, dark-red lymphatic swelling in the right axilla, size of a walnut, discharging a cheesy pus. Ulcers, also on the cheek. Skin insensible, and of a dirty yellow color.

Subjective. Burning-itching. Drawing-burning. Intense warmth. Jerking sensation (in pimples while appearing).

Aggravation. In the night. In the morning and in the evening. From movement. From contact and outward pressure. From warm air and warmth generally. From lying in bed and on the painful side.

Amelioration. From rubbing. From cold.

Accompaniments. Ulcers in the throat. Everything in the distance appears blue to him.

Ipecacuanha.

Objective. Aphthæ and eruptions on the lips. Herpetic eruption at the wrist-joint and anus, with red blotches after scratching. Miliary eruptions and bad effects of their repercussion. Measles, eruption tardy in appearing. Rash on the face. Scarlet fever.

Subjective. Violent itching. Pricking-burning pains.

Aggravations. From motion. From eating veal. In lying-in patients. From abuse of *Cinchona*.

Accompaniments. During the nausea the patient scratches until relieved by vomiting. Constant nausea and occasional vomiting. Short hurried breathing, and incessant violent cough with every breath.

Iris versicolor.

Objective. Tinea capitis; crusta lactea; porrigo; eczema of the face. Pustular eruption on the face around the nose and lips, and on the cheeks, secreting a sanious irritating pus. Obstinate lepra vulgaris on the arms. Psoriasis in relieveo, skin fissured and irritable; irregular

patches on the knees and elbows and all over the body, with shining scales, and slightly raised and irregular edges.

Jacea.

Objective. Scald-head.

Subjective. Violent itching.

Aggravation. At night.

Accompaniment. Urine smells strong, like cat's urine.

Jacaranda Caroba.

Objective. Pimples on the glans penis. Syphilis, with characteristic eruptions. Ulcers on the legs.

Accompaniments. Chordee, in gonorrhœa. Phimosis. Gonorrhœal rheumatism.

Jatropha Curcas.

Objective. Ulcers in the nose and mouth.

Juglans Cinerea.

Objective. Erythema of the face. Peculiar exanthematous eruption like scarlet fever. Eruptions, pustular, vesicular, and like simple eczema. Erysipelatous inflammation of the body and extremities. Pemphigus.

Kali bichromicum.

Objective. Eruption on the face like small-pox. Dry eruption all over like measles. Papular eruption on the forearms, lasting a few days, and frequently recurring. Vesicular eruptions. Eruption of small pustules, like small-pox, all over, which die away without breaking. Eczema. Ecthyma. Impetigo, pustules. Reddish hard knots on the thighs and legs, from the size of a pin's head to a pea, with depressed dark scurf in the centre, surrounded by an inflamed base (preceded by itching and heat). Small red elevation, with dark centre, and elevated circumference. Inflamed feet, with ulcers breaking out in

twenty-four hours. Small pimples on the legs, which spread into large scarlet blotches, discharging yellow matter. Small round pustules on the hands, secreting a watery lymph when opened; if left alone the secretion consolidates into a yellow viscid mass. Small pustules at the roots of the nails on both hands, extending back over the hands to the wrist; the arm becomes highly inflamed, and the axillary glands suppurate. Pustules on the arms the size of a split pea, with a hair in the centre. Swelling of the arm, followed by a boil-like elevation, which turned into a large ulcer with overhanging edges. Redness, swelling, and suppuration at the wrist. Skin hard, dry, and red. Ulcers on the forearms and arms. Painful ulcer under the thumb-nail. Oval dry ulcers, with overhanging edges, and bright-red areola, hardened movable base, with a black spot in the centre. Ulcers corrode, and become deep, but don't spread in circumference.

Subjective. Itching and heat at night, followed by the appearance of the eruption.

Aggravation. In the morning, at night, and periodically. In hot weather. After eating. In fat, fair-haired children.

Amelioration. From heat. From drinking hot tea.

Accompaniments. Running of water from the eyes, with burning in them when opened. Watery discharge from the nose, with great sensitiveness and ulceration of the parts. Pustules on the cornea. Stitches in the left ear, extending into the neck and head, with swelling of the glands. Thirst, with dryness of the mouth and tongue. Watery diarrhœa, followed by tenesmus. Loud rattling cough, with stringy expectoration.

Kali carbonicum.

Objective. Bleeding of ulcers, especially at night. Blotches after scratching. Chilblains of a reddish hue. Freckles. Herpes on the legs and thighs. Nettle-

rash. Odor from the mouth like old cheese. Pimples on the nape of the neck. Ulcerated pimples at the anus. Small pimples on the chest and back. Pimples on the face and eyebrows, with redness and swelling. Yellow scaly spots on the abdomen and about the nipples, becoming moist when scratched. Red and yellow spots on the body, oozing after scratching. Skin on the hands rough and chapped. Scald-head. Spreading vesicles on the left index finger, discharging a watery humor. Vesicles on the tibia, with inflamed areola. Corrosive vesicles. Vesicles and rhagades on the lips. Old warts on the face. Wens on the scalp.

Subjective. Aching. Burning as from a vesicatory. Burning lancinating-itching. Cutting pain. Itching-stinging. Violent itching, especially on the abdomen and thighs. Pricking. Sensation as if painfully ulcerated.

Aggravation. After midnight (at 3 o'clock A.M.). From cold, and in the cold air. After eating. From getting heated. During and from suppressed menstruation.

Amelioration. From warmth. Warm air.

Accompaniment. Obstructed respiration.

Kali causticum.

Objective. Warts and ephelides.

Kali chloricum.

(CHLORIDE OF POTASH.)

Objective. Miliary and venereal eruptions. Inflamed flaws in the nails. Pimples on the forehead, face, and between the lips and chin. Phlyctænoidal pimples on the backs of the hands. Rash, with single pimples.

Subjective. Itching.

Kali hydriodicum.

Objective. Small boils on the neck, face, head, back, and

chest, of various sizes, consisting of slightly red blotches in the skin, growing rapidly to abscesses, with slightly reddish cuticle, breaking and discharging spontaneously. Blotch on cheeks, surrounded by swelling and redness. Blotches at the corners of the mouth. Herpes on the face. Herpes, size of a dime, on the cheek. Goitre. Itchlike pimples and vesicles. Purpura hæmorrhagica. Papulous eruption all over, but especially on the face and shoulders. Pimple near the nostril. Small pustule on the chin, discharging water. Tip of the thumb ulcerates and turns yellow.

Subjective. Itching. Burning. Painful sensitiveness.

Aggravation. At night.

Accompaniment. Dry throat.

Kali nitricum.

Objective. Boil at the lower part of the thumb. Fatal inflammation and gangrene. Pimples on the right forearm, which discharge water when scratched. Small pustule on the face. Vesicles full of thin yellow fluid.

Subjective. Burning. Formication in the hands and feet. Itching.

Aggravation. In the afternoon and evening. In bed. *From smelling of camphor.*

Kalmia latifolia.

Objective. Red inflamed spots like incipient boils here and there.

Kreosotum.

Objective. Acne. Carbuncles. Eruption of nodosities and blisters like bug-bites. Furfuraceous, mealy, dry or humid, and pustular herpes. Red scaly skin in the bends of the knees like herpes. Blotches like nettlerash. Pustulous pimples, with yellow scabs on the chin and cheek. Large, greasy, pock-shaped pustules all over. Skin on

hands cracked and rigid. Scrofulous and psoric affections. Scald-head. Pimples on the forehead. Gangrenous, cancerous, and putrefying ulcers.

Subjective. Itching, with violent burning after scratching on the extremities, whereas on the abdomen the itching is relieved by scratching.

Accompaniment. Swelling and stiffness of the feet.

Lachesis.

Nosological. Aneurisms. Boils. Malignant carbuncle. Chilblains. Erysipelas. Eczema. Ecchymosis. Erythema papulosum and nodosum. Fungus hæmatodes. Felons. Gangrene. Herpes. Intertrigo. Leprosy. Measles. Nettlerash. Pemphigus. Malignant scarlatina. Scabies. Cancerous, syphilitic, and mercurial ulcers. Warts (also on horses).

Objective. Boils on the thighs and fingers. Gangrenous blisters. Red suppurating blotches under the jaw. Carbuncles of a bluish, purplish appearance; can't bear any bandage about the parts, especially around the neck; cerebral symptoms supervene. Inflammation and supuration of old chilblains. Eczema on the legs. Eruptions about the eyes. Simple, phlegmonous, and vesicular erysipelas of the face, especially under the left eye, with pimples, vesicles, rhagades, and corrosive oozing on the elbow. Ecchymosis. Ulcers and wounds bleed readily and profusely. Fungus hæmatodes on the right mammæ, as large as a peony, with profuse hemorrhages. Felons with proud flesh. Old reddish herpes, with thick scurf in the region of the whiskers; reappearance of suppressed herpes in the face. Herpes on the back. Vesicular eruption, with a red crown. Leprosy; loss of sensation; toes fall off. Miliary rash, like nettlerash and measles. Measles with livid eruption. Pustules. Papulæ. Pimples on the face and back; on the arms, thighs, and legs after scratching. Psoric eruptions on the fingers

and legs. Deep rhagades in the toes and on the hands. Scabies. Dry miliary itch; small and large yellowish and bluish-black vesicles. Rash all over; small smooth spots of the size of a needle-point. Small reddish spots on the face, neck, and arms. Red spots, with vesicles on the fingers and thighs. Scarlet spots on the back. Yellow, red, and copper-colored spots. Scarlet fever, and scarlet eruptions, with swelling of the cervical glands, and black lips and reddish tongue. Red lumps and tubercles. Ulcers small, and scattered about upon the neck and face. Black, gangrenous ulcers and wounds on the legs. Ichorous ulcers. Chronic, indolent ulcers, with an uneven, bluish bottom, and an offensive ichor. Ulcers surrounded by pimples, vesicles, and other small ulcers. Cured ulcers break out again. Superficial ulcers foul at the bottom, with red crowns, on the legs. Cancerous ulceration, or putrefaction of the flesh, which falls off piecemeal. Skin around ulcers and wounds is yellow, green, lead-colored, bluish-red, and black. Vesicles on the hands, fingers, and back. Small, hard, white, deep vesicles. Warts and excrescences on the hands and fingers.

Subjective. Burning, itching, and formication as from ants. Pain in old cicatrices of ulcers. Pricking in the face and about the eyes. Stinging.

Aggravation. In the evening and before midnight (from noon to midnight). Periodically (every spring or fortnight). After spirituous liquors. After the abuse of mercury. After sleeping, rising from the bed. From the heat of the sun. After violent bleeding. On the left side. In damp, hot, changeable weather.

Amelioration. In the open air. From warmth.

Accompaniments. Constipation. Convulsions. Dropsy in delayed desquamation. Diphtheritic inflammation of the throat. Fainting, nausea, spasmodic and bilious vomiting. Inflammatory fever. Sordes on the teeth. Tongue coated dark-brown, ulcerated, and can't be protruded, or

is run out with great difficulty, and trembles. Weak, quick, intermittent pulse. Cold sweats. Urine almost black.

Lactuca Virosa.

Objective. Inflammation of the skin. Various kinds of eruptions. Dropsical swellings.

Subjective. Subcutaneous lancinating, pinching, and smarting, with shootings.

Accompaniments. Asthma. Dulness and pain in the head. Short cough and dyspnoea. Small, slow pulse. Chilliness, with great distress when lying on the back.

Lamium Album.

Objective. Blisters on the heel from the parts being rubbed by the shoe, changing to a long-lasting ulcer. Ulcers, with redness and swelling of the surrounding parts.

Subjective. Biting. Pain as if excoriated. Pricking, gnawing, itching of the arms, hands, and neck. Smarting, stinging, and shooting.

Aggravation. In the morning and evening when lying in bed.

Lappa Major (Arctium L.).

Objective. Adenitis (especially affecting the axillary glands). Boils on the face, eyelids, and all over. Eruption on the head, face, and neck. Moist, bad-smelling eruption on the heads of children. Various forms of eczema. Chronic erysipelas of years' standing. Styes and ulceration of the eyelids. Scald head; grayish-white crust; most of the hair gone, and the eruption extends to the face.

Accompaniments. Headache from a suppressed eruption of the scalp.

Laurocerasus.

Objective. Eruption around the mouth. Yellow spots

on the face. Skin dry, and rough and scaly between the fingers. Pimples on the right upper arm.

Subjective. Burning when touched by water. Itching stitches.

Aggravation. In the evening. While lying down.

Amelioration. In the open air. At night (?).

Accompaniments. Painlessness with all complaints. Patient feels cold. Nausea on approaching a stove. Dry cough, aggravated while lying down.

Ledum Palustre.

Objective. Boils on the forehead. Eruption (eczema) in the bends of the extremities. Miliary eruption on the wrist. Eruption, like rot in sheep, on the chest and arms, with desquamation. Dry, scaly furfuraceous herpes on the face. Felons from external hurts (splinters, etc.). Fine pimples on the dorsum of the foot. Small red pimples on the back and chest. Pimples on the forehead. Rash on the wrist-joint. Bluish spots on the body like petechiæ. Red humid spot above the arms. Small, round, red, insensible spots on the inner side of the arms, and on the abdomen and feet. Dropsical swellings. Hot, tense, hard swellings. Hard tumor on the dorsal side of the wrist. Red tubercles on the forehead. Varicellæ on the chest and upper arms, peeling off in five days.

Subjective. Constant itching. Itching-gnawing on the abdomen and arms, with burning in the open air and after scratching. Itching-pricking relieved by scratching, but returning soon with more violence. Lacerating. Smarting. Fine stinging-itching. Stinging when touched. Tearing pains are quite characteristic of *Ledum*.

Aggravation. In the evening and before midnight. On moving. While walking. In the open air. On getting warm in bed.

Amelioration. While reposing.

Accompaniment. Anxiety.

Lobelia Inflata.

Objective. Eruptions (between the fingers, and on the backs of the hands and forearms) of small vesicles.

Subjective. Tingling, pricking, itching.

Lupulus.

Objective. Face swollen and covered with an eruption. Vesicles on the face and hands, increasing, and finally bursting spontaneously.

Lycopersicum Esculentum.

Objective. Inveterate herpes on the palmar surface of both hands.

Lycopodium.

Nosological. Adenitis. Aneurisms. Baldness. Boils. Chilblains. Dandruff. Erysipelas. Ecthyma. Eczema. Erythema nodosum. Freckles. Felons. Goitre. Herpes. Intertrigo. Lichen agrius. Nettlerash. Nævi materni. Arthritic nodosities. Prurigo. Pityriasis. Scrofulosis. Scarlet fever. Scald-head. Scurvy. Ulcers. Varices. Warts.

Objective. Boils returning periodically. Boils in the axillæ. Small boils on the hands. Dandruff, smelling badly. Eruptions on the face, neck, chest, lips, chin, and at the anus. Secondary eruption of dark-red blotches on the face, hands, back, and thighs. Erysipelas on the face and forearms. Eczema on the face, genitals, legs, neck, and fingers of the right hand; bleeds easily, and is covered with thick crusts, with fetid secretion beneath. Scald-head, begins on the back of the head. Felons, with many constitutional symptoms. Insensible yellow-brown shrivelled herpes. Humid suppurating herpes, full of deep rhagades, and covered with thick crusts. Herpes on the tibiæ. Scaly furfuraceous herpes, yellow at the

base, and bleeding on the face at the corners of the mouth. Herpes on the nape of the neck, in the axillæ, on the arms, thighs, and calves of the legs. Intertrigo of children, which becomes offensive, and bleeds much. Venous and arterial nævi materni.

Objective. Pimples on the lower arms, filled with pus. Pimples between the scapulæ, and on the nape of the neck. Red pimples in clusters around the neck. Pimples on the chin. Prurigo, an (itching) eruption of the anus. Pityriasis in spots on the scalps of fair-haired strumous girls. Skin dry. Brown spots on the abdomen. Large red spots on the legs and epigastrium. Hepatic spots on the chest. *Painful* maculæ hepaticæ on the chest and arms. Dropsical and glandular swellings. Large suppurating swelling on the forearm (carbuncle?). Dark-red spots on the face, covered with pustules. Large inflamed swelling like erysipelas, suppurating like a boil, on the forearm. Ulcers, callous, carious, mercurial, fistulous, and inveterate, with hard, red, shining, everted edges, profuse hemorrhages, and inflamed swelling of the affected parts. Old ulcers on the legs. Varices of pregnant women especially. Warts on the fingers and arms.

Subjective. Burning. Burning-itching. Itching as if from fleabites, also violent and corrosive. Pricking-itching. Shooting. Stinging pains. Smarting. Tingling-stitches.

Aggravation. In the afternoon and evening, from four to eight. Before midnight. Periodically. While lying in bed on the side. When touched. From pressure from without (*e. g.*, of clothing). From wrapping one's self up when heated. From wet, warm poultices. Before and from suppressed menstruation. On beginning to move. After rising from sleep. After eating cabbage, cold food, vegetable with husks, oysters, and from drinking wine (*not* spirits). After the abuse of mercury. From strong odors.

Amelioration. On getting cool. From uncovering,

especially the head. From moving (continued). From hot food.

Accompaniments. Comatose state. Great feverishness and crossness on waking. Mental irritability. Cerebral congestion. Stoppage of the nose. Deafness, and purulent discharge from the ears. Diphtheritic sore throat, and rattling in the throat. Much distress in the stomach, twisting, crawling, emptiness, burning, heaviness, pressure, etc. Frequent belching of wind and bloated abdomen. Colic during the desquamation, with costiveness. Extreme costiveness, *especially* after prolonged attacks of acute disease. Scanty, dark-red, *hot*, albuminous urine, with strangury. Dropsy. Frequent yawning. Cold feet.

Magnesia Carbonica.

Objective. Small boils on the forehead, neck, chest, and especially on the thighs. Falling off of the hair. Engorged glands. Small, elevated, red, smooth herpes, scaling off, on the chest, calves of the legs, and about the mouth. Hard nodosity on the right temple. Nodes under the skin, in the axillæ, above the elbow-joint, and in front of the left shoulder. Pimples after scratching. Psoriasis or pityriasis palmarum or plantarum. Small red spots on the chest. Red spots on the thighs after scratching. Scrofulosis. Tubercle on the wrist pouring out clear water when pressed. Spreading, corroding vesicles on the hands. Clear vesicles after scratching. Dryness of the skin.

Subjective. Burning-pricking of the skin. Violent itching. Formication here and there at night in bed. Stinging. Shooting pain.

Aggravation. In the evening. At night. When at rest.

Amelioration. In the open air.

Accompaniment. Shuddering all over at night in bed.

Magnesia Muriatica.

Objective. Blotches on the face. Boils. Eruption of small red papillæ. Engorged glands. Pustular eruptions. Pimples on the face. Large transparent vesicles on the lips, which are cracked. Yellow, earthy complexion.

Subjective. Burning after scratching. Formication. Itching. Tingling in the skin.

Aggravation. In the evening and at night. From touch. When at rest. In a warm room.

Amelioration. From pressure from without.

Magnesia Sulphurica.

Objective. Hard blotches or as if from a nettle sting. Red herpes. Nettlerash.

Subjective. Burning after scratching. Itching.

Aggravation. In the evening. At night. During menstruation.

Magnetis Arcticus.

Objective. Red eruption on the palms of the hands. Felons. Herpes. Pimples. Itchlike pustules. Deep lentil-sized ulcers.

Subjective. Burning and burning-tearing. Crawling-itching on the outer side of the limbs, terminating in soreness. Itching of the soft parts. Pricking in small spots in the soles of the feet. Single stitches. Tingling, and lacerating itching.

Accompaniment. Sensation while moving the jaw as if dislocated, with squeezing pain in the maxillary joint.

Magnetis Australis.

Objective. Felons. Ingrowing toe-nails, which penetrate the flesh; the great toe most frequently affected. Varices of pregnant women.

Subjective. Itching stinging-tearing here and there.

Lancinating, pulsative pains in the roots of the nails as if they would suppurate.

Manganum.

Objective. Excoriations, soreness, and fissures of the bends of the joints. Herpes on the forearm. Pimples on the thigh with scurf on the tips. Skin unhealthy; every injury tends to suppurate. Small tubercles on the mammae and on the left buttock. Malignant ulcer with a blue border following a slight scratch of the finger-nail. Small vesicles or deepseated little blotches after scratching.

Subjective. Burning on rising from bed in the evening, worse on lying down again. Burning-itching. Violent itching. Lancinating pains. Tension and soreness.

Aggravation. At night. From touch. While lying on a feather bed.

Menispermum Canadense.

Objective. Chronic herpetic eruptions. Easily bleeding pimples on the face. Tertiary syphilis.

Subjective. Itching all over.

Aggravation. From warmth.

Menyanthes.

Objective. Injuries to nerves (teeth broken in pulling, etc.). Pimples on the face.

Aggravation. In the evening. While lying down. During rest. After the abuse of Cinchona.

Amelioration. From pressure from without.

Accompaniment. Otorrhœa after measles and scarlet fever.

Mephitis Putorius.

Objective. Corns. Erysipelas of the ear, with heat, redness, and blisters. Pimples on the thighs, forehead, face, neck, and nates.

Subjective. Burning. Itching.

Mercurius Acetatus.

Objective. Pimples breaking when scratched. Ulcers.

Subjective. Burning like fire when scratched. Itching.

Edges of ulcers painful.

Aggravation. When scratched.

Mercurius Corrosivus.

Objective. Blisters on the arms and abdomen. Condylomata, especially with children. Rash. Skin cold with sweat. Purple spots. Scorbutic spots over the whole body mingled with itcblike eruptions, herpes, and boils. Vesicles on the arm extending up to the shoulder.

Aggravation. In the evening. At night. From contact.

Mercurius Dulcis.

Objective. Bleeding from ulcers at night. Erythema spreading from the genitals all over. Eczema mercuriale. Desquamation from the hands and feet. Skin bright red. Blue-red tumors on the neck and body. Phagedenic ulcers, with white bases and inflamed edges, in the mouth, on the palate, face, genitals, and other parts.

Mercurius Protiodatus.

Objective. Chronic and acute glandular affections. Scarlatina. Syphilis.

Aggravation. In the evening. At night. During rest. After Lachesis.

Accompaniment. Loss of voice, hoarseness, can only whisper. Fauces ulcerated, bluish-red.

Mercurius Solubilis.

Nosological. Adenitis. Buboos. Large boils, Chancres. Dandruff. Papulous erythema. Simple and phlegmonous erysipelas; erysipelas of syphilitic origin. Eczema. Felons. Herpes. Intertrigo. Measles. Nettle-

rash. Pemphigus. Rash. Scabies. Scrofulosis. Scurvy. Scarlatina maligna. Small-pox, especially the suppurative stage. Scald-head. Fungous, chancreous, phagedenic, carious, and syphilitic ulcers. Varicellæ.

Objective. Blisters full of watery fluid on the inner side of the wrist. Little blotches and ulcers on the calves of the legs and the abdomen. Desquamation all over, especially from the backs of the hands and from the feet. Eczema, yellow crusts, and inflamed surroundings after scratching, on the face, legs, and the bends of the extremities. Vesicular eruption on the lower limbs. Hot, small, red elevations, whose tips become white and scaly on the left arm, especially on the elbow, and also on the nates. Eruption on both thighs, especially on the inner side (preceded by heat in the head and dorsa of the feet), with a discharge of burning water after scratching. Felons; the inflammation extends to the sheaths of tendons and the ligaments of joints. Herpes on the right forearm, wrist, and hand, the skin peeling off. Herpes behind the thigh; the epidermis comes off while scratching. Herpes, spots, and suppurating pustules, surrounded by a border of large scales (on the forearm and knee), discharging a good deal of moisture. Herpes, raised and dry, on the limbs, wrist-joints, hands, and between the fingers. Impetiginous and furfuraceous herpes. Intertrigo, worse at night, raw and bloody. Nettlerash changing to red spots. Ulcerated incrustated pimples. Pimples on the labia. Small pimples, changing to ulcers, with desquamation during the healing. Pock-shaped eruption above the arms. Papulæ whose tips are filled with pus on the extremities. Small pimples on the inner side of the thighs. Deep fissures and rhagades in the hands and fingers, looking like incisions, especially on the inside of the fingers, sore and bleeding at the base. Rash on the forearm, measles-shaped, over the whole body, but particularly on the chest, thighs, and the lower part of the back.

Small ulcerated sores at the finger-joints. Healthy and malignant suppurations. Yellowish scab on the face, discharging a fetid humor and bleeding when scratched. Scabies; itchlike eruption on the hands, thighs, and abdomen; eruption, like scabies; sarcoptica on the lower limbs, sexual parts, neck, abdomen, and the bends of the knees, a red raised humid eruption; dry, readily bleeding itchlike rash; fat itch, especially in the bends of the elbows. Red, shining, hard swelling on the right tibia. Suppuration of the glands with shining redness. Skin yellow. Red raised hepatic or scorbutic spots. Large, red, round, scaly spots on the forearm and wrist. Gray flat scurf on a swollen spot. Round stigmata on the thighs and legs, changing gradually to ulcerated spots, and becoming covered with scurf. Tubercles on the labia. Red tubercle on the back of the hand. Tumor on the upper part of the left thigh. Fetid putrid ulcers on the legs; ulcers discharging an acrid corrosive ichor, with unequal elevations and depressions; spongy, bluish, readily bleeding ulcers; spreading ulcers; ulcerated sores on the left leg, which begin as pimples; ulcers on the outer side of the left thigh. Small red vesicles at the termination of the glans behind the prepuce, changing to ulcers, discharging yellow-white, strong-smelling matter; the ulcers are round, with raw overhanging edges and cheesy lined bottoms, and bleed freely. Small transparent vesicles full of watery fluid. Vesicles on the forepart and sides of the glans, penetrating deeply and spreading, discharging and soon disappearing. Varicellæ; water blotches turn yellow and mature.

Subjective. Burning. Beating and stinging. Gnawing-itching. Itching. Itching changed to burning by scratching. Voluptuous itching. Pressive pulsative pains. Stinging and stinging-itching as from flea-bites. Shooting and tensive pains.

Aggravation. In the evening. At night. In cold,

damp weather. When sitting and walking. In the heat of the bed. When scratched. After dropsical swellings.

Accompaniments. Nervousness and sleeplessness; the child does not sleep at night. Raging pain in the forehead. Bright red face. Sore throat, tendency to ulceration, difficult deglutition, and the glands much swollen. Great flow of saliva. Some thirst. Acrid diarrhœa, with pain in the bowels, and tenesmus; dysenteric, slimy, blood-streaked stools. Soreness and inflammation of the genitals. Unequal, quick pulse. Cold clammy sweat upon the lower limbs and abdomen, especially about midnight. General night-sweats.

Mercurius Vivus.*

Objective. Adenitis. Small, flat, light-red blotches on the sexual parts, abdomen, chest, and the inner side of the thighs. Buboës. Exanthemata spreading from the pit of the stomach over the abdomen and chest. Erysipelas spreading from the back around upon the abdomen. Syphilis. Scabies easily bleeding. Swelling of the glands. Crusts and pimples on the lips and chin. Red spots covered with small vesicles, of the size of a millet-seed, filled with purulent lymph. Ulcers, corroding, and easily bleeding, also syphilitic.

Subjective. Burning after scratching. Violent itching.

Aggravation. In the evening. At night. With women with leucorrhœa. With children. Before falling asleep. From the heat of the bed. After taking cold. From cold air. While lying on the right side. During sweat. From motion. Scratching and touching.

Amelioration. In the morning. While at rest.

* We use *Merc. sol.* and *Merc. viv.* indiscriminately, and have regarded the pathogenesis as identical; but as some writers on *Materia Medica* make a distinction, we give separate symptomatologies, as we have found them.

(Daphne) Mezereum.

Objective. Blotches on the right forearm about the size of small peas, becoming hard after scratching. Boils on the face. Crusty eruptions, white scabs, bleeding when touched. Ulcerated eruption like pimples at the finger-joints. Engorged glands. Desquamation. Herpes, oozing eruption behind the ears. Chronic miliary eruption. Single pimples on the thighs. Smooth red pimple on the right side of the neck. Red pustules on the outer side of the extremities. Rash on the nape of the neck, back, and thighs. Red rash sometimes in clusters on the head and arms. Red spots like flea-bites on the chest. Moist scald-head. Honey-like scab around the mouth. Scrofulosis, with constant excoriation in the throat and at the nose. Inflamed, easily bleeding ulcers forming scabs, and surrounded by vesicles. Vesicles on the ball of the thumb.

Subjective. Burning after the spots have disappeared. Burning, and stitches from within outward in the hands. Tickling-burning. Gnawing as if excoriated. Gnawing-itching. Itching. Stinging. Shooting.

Aggravation. In the evening and at night. When touched. After scratching. After Mercury.

Amelioration. In the open air.

Accompaniments. Neuralgia intercostalis following herpes.

Millefolium.

Objective. Condylomata. Fistulous and cancerous ulcers. Painless varices of pregnant women.

Morphium Aceticum.

Objective. Conical blotches, either red or skin color, more easily felt than seen.

Subjective. Itching, particularly on the face, neck, loins, and genitals.

Moschus.

Objective. Eruption on the ears. Mercurial and venereal herpes. Small pimples in the face. Pimples on the dorsum of the foot, between the toes, on the shoulders, and the left upper arm, bleeding after scratching.

Subjective. Burning after scratching. Intolerable burning. Violent griping. Itching.

Aggravation. On getting cold.

Amelioration. On getting warm.

Muriatic Acid.

Objective. Red tensive blotches on the right side of the neck. Small boils on the back and temples. Blotches on the forearms and elbows. Scaly eruption on the lips, backs of the hands, and upper part of the fingers. Herpes. Ephelis. Black pocks and pustules. Pimples on the face. Pustules on the forehead and temples. Round, rough, herpetic spots on the inside of the thighs. Scrofulosis. Scurvy. Scarlatina, intense redness breaking out all over; or scanty eruption interspersed by petechiæ; purplish skin, and burning heat. Scabies, eruption on the lips, of pimples on the face, forehead, and pustules. Putrid ulcers on the legs, of fetid odor, and covered with scurf.

Subjective. Burning on the edges of ulcers. Itching-stinging. Shooting when touched. Voluptuous and lancinating tickling.

Aggravation. In the evening and before midnight. When touched? During motion. In persons who work in salt works, and those who inhale or take Muriate of magnesia.

Amelioration. From touching and scratching.

Accompaniments. Dropsy and cachexia. Coma. Great anxiety and restlessness. Patients constantly uncover themselves and slide down in the bed. Pulse intermitting

in regular intervals. Severe sore throat, dark bluish-red fauces, and aphthæ in the mouth. Foul breath. Sighing, groaning respiration. Discharge of thin acrid pus from the nose, excoriating the nose and lips.

Nabulus Serpentaria.

Objective. Pimples on the face about the nose, upper lips, and chin.

Subjective. Itching. Pricking sensation all over.

Accompaniments. Chilliness not removed by heat. Profuse dysenteric diarrhœa.

Natrum Carbonicum.

Objective. Rose-colored blotches in leprous patients. White bullæ, with red areolæ on the index-finger. Blisters on the toes. Excoriation between the toes. Itch-like eruption. Humid eruption around the nose and mouth, and on the lips. Freckles on the face. Herpes, discharging a purulent fluid. Herpes on the outside of the hands. Spreading and suppurating herpes. Yellow rings like the remains of herpes. Herpes around the nose and mouth, and on the lips. Herpes circinnatus. Leprosy; leprous tubercles. Black ulcerated pustules on heel; pustules on the small of the back. Pimples on face and lips. White pimples on the nose. Red spot on big toe, as if contused. Skin dry, rough, and chapped. Scrofulosis. Ulcers around the nose and mouth, and on the lips. Ulcers on the heels. Red vesicles filled with fluid, in the bend of the elbow, and in the fold between the genitals and the thigh, and on the chin. Warts on the arms and backs of the hands.

Subjective. Burning in injured parts, with shootings, and incisive pains. Itching as from fleas. Tingling.

Aggravations. After midnight. During a thunder-storm. In the sunshine. In the forenoon. From sweats and from smoking. From pressure and motion.

Ameliorations. From cold and uncovering. By touch. By lying on the left side. By rubbing and scratching.

Accompaniments. Profuse sweat after violent work.

Natrum Muriaticum.

Nosological. Acne punctata. Boils. Corns. Eczema. Felons. Goitre. Herpes; herpes circinnatus. Nettle-rash. Scrofulosis. Varices. Warts.

Objective. White blotches on the arms and hands, becoming red after friction. Large red blotches over the whole body, especially on the neck. Miliary eruption all over. Eczema, raw and inflamed; scurfy, and discharging a corrosive fluid, which eats among the hair; worse in the edges of the hair, and on the genitals and legs. Herpes about mouth, and on the arms and thighs; humid on the scrotum and thighs. Herpes in the bend of the knee, oozing an acrid fluid; hard crusts, and deep cracks. Herpes on the face. Pimples on the face. Round herpetic spots on the arms. Red spots (of the size of a pin's head) all over. Rash on the legs, and in groups all over. Tubercles. Warts on the palms of the hands. Small red vesicles on the arms.

Subjective. Itching. Itching-stinging. Gnawing-itching. Shooting pains.

Aggravations. Periodically. At 10 o'clock A.M. At night. When touched. While lying down. After violent exercise. From warmth. From working with the hands. From Peruvian bark.

Amelioration. While fasting. In the open air. While lying down. While lying on the right side or back. On perspiring.

Natrum Sulphuricum.

Objective. Felons at the root of the nail; deep red swelling of the whole phalanx. Watery blisters between thumb and index-finger. Vesicles and pimples on the face.

Subjective. Violent itching. Shooting and shooting-tearing.

Aggravation. In the morning and evening. Before breakfast. When walking. On rising. After exposure to damp, in damp cellars, etc.

Amelioration. By movement. In the open air.

Accompaniments. Patient looks sickly and pale, feels (especially in the morning) heavy, and dull in the head. No appetite. Chilly and feverish in the evening. Pains easier while out of doors.

Niccolum Carbonicum.

Objective. Eruptions on the lips. Herpes on the lips and cheeks. Pimples on the inner side of the lower lip. Small tubercles after scratching.

Subjective. Burning-stinging as from bees. Itching of back and small of the back.

Aggravation. In the evening and at night.

Amelioration. In the open air.

Nitrum.

Objective. Tubercles of the size of a pea on the face. Ulcer discharging a bloody corrosive ichor. Vesicles filled with yellow serum, bursting when scratched.

Subjective. Lancination as from needles. Burning.

Aggravation. In the afternoon and evening and after midnight. In the morning. From eating veal. From cold.

Nitric Acid.

Nosological. Adenitis. Abscesses. Boils. Carbuncles. Chilblains. Corns. Condylomata. Erysipelas. Eczema. Ecthyma. Freckles. Herpes. Lichen agrius. Nettle-rash. Prurigo. Psoriasis. Syphilis. Scurvy. Scrofulosis. Scarlatina. Ulcers. Warts. Wens.

Objective. Phagedenic blisters on the toes. Large

boils on the scapulæ, on the nape of the neck, and on the thighs and legs. Large blotches, and bleeding after scratching. Blackness of the pores of the skin. Chilblains, especially on the big toes and hands. Eczema at the edge of the hair, in the internal ear, and on the genitals. Small flesh-colored excrescences on the glans penis, emitting a fetid humor, and bleeding when touched. Miliary eruptions. Erysipelas of the face. Herpes in the whiskers, between the fingers, and on the *alæ nasi*. Dry herpes on the outer side of the thigh. Pimples on the face, forehead, and temples. Pustules, with large red margins, on the face, covered with scabs. Pimples on the glans penis and perineum. Pimple on the inner surface of the prepuce, which changes into a flat ulcer, yellow as if covered with pus, and red all around it. Scarlatina, fine eruption. Skin dry and burning hot. Reddish-brown, copper-colored, and violet spots. Brown and red spots on the glans penis, becoming covered with scabs. White spots and flaws in the nails. Large blue tubercles and spots on the hands. Ulcers with sanious, sanguineous, and corrosive suppuration. Ulcers below the right hip. Chancrous ulcers on the inner surface of the prepuce and in the urethra, with ulcerated edges. Deep ulcer on the glans penis, with elevated lead-colored edges. Small ulcers on the inner side of the prepuce, secreting fetid bloody pus. Small vesicles on the prepuce, breaking and becoming covered with a brown scurf. Suppurating spreading vesicle at the tip of the thumb. Scurfy vesicles on the tip of the nose. Wens on the arms. Two small warts on the sternum. Small warts on the neck.

Subjective. Burning itching. Itching, especially in the bends of the extremities. Itching mostly at night. Itching-pricking. Violent lancinations, as from splinters, all night. Pricking in the face. Pains in old scars on a change of weather. Stitches and a sensation as of pecking. Tensive pains.

Aggravation. In the evening and at night. Before breakfast. On waking. In the open air. During perspiration. From contact. On change of weather. From drinking milk. After the abuse of mercury.

Amelioration. In the cold air. On lying down.

Accompaniments. Nausea and fever. Dryness of the mouth. Diphtheritic sore throat extending into the nose, discharging profusely a thin purulent matter. Tonsils swollen. Difficult deglutition. Tongue dry and fissured. Indistinct speech. Deafness. Intermitting breathing.

Nuphar Lutea.

Objective. Eruptions like psoriasis.

Subjective. Violent itching.

Nux Juglans.

Nosological. Adenitis. Acne pustulosa. Boils. Eczema. Herpes. Lichen. Syphilis. Scrofulosis. Ulcers.

Objective. Acne pustulosa, small pimples in the face, chiefly about the mouth. Little dry blotches, on both insteps, especially upon the left (and redness), forming a hard scab; the tubercles leave after a time, and the spot is bluish-red, and hard. Large boils on the shoulder, arm, and hip, suppurating profusely, and indurating. Large boil on the right thigh, hard and red all around, and discharging a good deal of thick bloody pus. An abrasion on the penis after an embrace changes to an ulcer, with hard edges, suppurating and forming a scurf. Eczema rubrum; small blisters in the axillæ, appearing suddenly and emitting a discharge, which colors the linen a greenish-yellow. Old herpes. Lichen; little tubercles with a hard scurf on the instep, with redness and thickened skin. Hard swelling on the left cheek. A red spot of the size of a dollar, in the centre of which is a little tubercle filled with pus, on the right forearm near the bend of the

elbow. Hard, red, painless spots, of the size of a buck-shot, on the right upper arm. Ulcer on the penis.

Subjective. Violent itching and burning. Pricking-itching. Violent itching of old herpes, with great soreness of the parts.

Aggravation. In the evening in bed and at night. From sweating. From motion (of the arms?).

Nux Moschata.

Objective. Chilblains. Freckles. Pustules with broad red borders, on the chin. Blue spots. Dry cool skin. Scrofulosis. Old ulcers on the legs.

Aggravation. In cold and damp weather. After a chill. In the open air. While lying on the painful side. In women and children.

Amelioration. In dry weather. From warmth.

Accompaniments. Sleepiness. Tendency to fainting.

Nux Vomica.

Objective. Tendency to boils; small boils on the knee stiffening the whole leg; also on the thigh. Corns. Chilblains, with bleeding rhagades. Eruption on the pudendum. Ecchymosis; blue spots as if ecchymosed. Miliary eruption on arms and thighs. White miliary eruption. Herpes on the inside of the right forearm. Inflammation and redness around an ulcer on the leg. Measles. Nettlerash. Nævi materni, venous capillaries. Pimples on the face. Small purulent pimples on the cheeks and head. Rash on the knee. Hot suppurating swelling of the thumb. Scarlatina. Scrofulosis. Scurvy. Ulcers with pale red raised edges.

Subjective. Burning-pricking like flea-bites. Itching-burning. Gnawing-itching. Eruptions usually painful. Stinging pains. Skin sensitive as if sore, or feels as if asleep. Single long stitches, with soreness. Soreness in corns. Violent throbbing in chilblains *in summer*.

Aggravation. In the morning. After midnight. In dry and in windy weather; in fine clear weather. On one side (usually the right). During the fever. After drinking. After drugging. From coffee, wine, alcoholic liquors and tobacco. From contact. From motion. From lying on the right side and the back. After the measles. From cold. In the open air. During a catarrh and from suppressed catarrh. On getting cold and after taking cold. From cold food. After menstruation.

Amelioration. In the room. From warmth. From hot food. During wet weather.

Accompaniments. Nose stopped. Cough dry in the evening and loose in the morning. Small fetid ulcers in the mouth and fauces; difficult deglutition. Mouth very sore and flow of bloody saliva. Gastric derangement. Constipation.

Oleander.

Objective. Itch-like eruption. Tuberculous eruption on the face and forehead. Humid eruption on the head. Excoriation and redness. Eczema. Herpes and ulcers on the ears and around the ears. Oozing behind the ears. Scurfy pimples. Skin gets raw by the rubbing of the clothing. Vesicles on the thighs.

Subjective. Gnawing-itching while undressing. The skin is sensitive and sore.

Accompaniments. Absence of mind. Fainting.

Oleum Animale.

Objective. Excoriation in the bend of the hip. Pimples in the bend of the elbow. Oozing pimples on the nose. Papulæ on the cheek and under the skin of the occiput. Vesicles like scabious pimples. Red watery vesicles after scratching.

Subjective. Burning. Biting-itching relieved by rubbing. Itching. Gnawing-itching. Itching like flea-

bites disappearing suddenly, or changing to burning and heat.

Oleum Jecoris Morrhuæ.

Objective. Eruption of small red spots. Herpes. Scald-head. Skin red all over. Scrofulous ulcers discharging a large quantity of mucus.

Subjective. Itching.

Aggravation. In bed. At night.

Opium.

Objective. Red blotches after scratching. Small round colorless elevations. Chilblains on the fingers and toes. Pustules. The whole body looks red. Skin of a pale blue, especially on the genitals. Small red spots. Blue spots. Scarlatina.

Subjective. Burning pain. Itching and creeping. Itching from the chest upward, especially on the nose. Smarting-itching after sweating. Stinging-itching.

Aggravation. On getting heated. At night. After a fright.

Accompaniments. The brain seems affected. Delirium: a soporous condition with snoring. Convulsions. Obstinate constipation; fæces are small, hard, dry, black balls. Painlessness with all complaints. Vomiting. After *Belladonna* when it does not relieve.

Origanum Vulgare.

Objective. Vividly red efflorescence and spots on the abdomen and legs.

Osmium.

Objective. Scarlet red rash on the thighs and ankles.

Oxalic Acid.

Objective. Eruption in circular patches, with redness.

Pimples on the nose. Skin mottled in circular patches. Warts.

Subjective. Itching. Smarting and soreness.

Aggravation. Periodically. On the left side.

Pæonia.

Objective. A running fetid ulcer on the verge of the anus.

Subjective. Burning-smarting, with itching. Pricking, itching, stinging.

Accompaniments. Ulcers and rhagades very painful and sensitive in the rectum.

Palladium.

Objective. Pimples on the face, nose, and behind the ears. Warts on the knuckles.

Subjective. Itching. Itching-crawling as from fleas.

Paris Quadrifolia.

Objective. Felons. Herpes about the mouth. Purulent pimples under the nose and on the chin. Pimples on the forehead. Sanguineous pimples on the lower jaw. Red spots on the cheeks and lower jaw. Red curved streak above the umbilicus.

Subjective. Pain as of excoriation. Violent itching. Subcutaneous tingling.

Paulinia Pinnata.

Objective. Red spots on the face. Suppuration behind the head. Ulcers on the lower limbs.

Subjective. Itching in the hands and fingers, behind the head, and in the ulcers.

Pediculus Capitis.

Objective. White blotches above the left breast. The face red and bloated. The skin on the left thigh peels off. Small pimples, black in the centre, on the left knee and

right side of neck. Small red miliary pimples on the calves and thighs. Whitish pimples on the forehead. Pimples on the face and chin. Vesicular pimples, with a black point in the centre. Miliary pimples on a red base on the nape of the neck. Red pimples on the hands. Red inflamed pimples on the temples, shoulders and arms. Red inflamed pimples, with a black point in the middle of a white centre, on the back.

Subjective. Itching. Pricking.

Petroleum.

Nosological. Boils. Corns. Chilblains. Erysipelas. Eczema. Herpes. Intertrigo. Nettlerash. Psoriasis. Scrofulosis. Scald-head. Ulcers. Warts.

Objective. Blisters on the heels. Blotches on the calves of both legs. Eruption between the toes. Reddish eruption on the glans penis. Moist eczema on the genitals. Tuberculous eruption on the calves of the legs. Erysipelas on the arms. Chapped rough tips of the fingers: chapped hands, with rhagades. Herpes on the malleolus, on the chest, nape of neck, perineum and knee. Intertrigo behind the ears. Small pimples between the scrotum and the thigh. Pimples on the abdomen and face. Pustules. Bleeding rhagades, with thick crusts in the hands and fingers. Scurf at the edge of the anus. Large red spot on the left knee. The skin is unhealthy; every injury tends to suppurate. Excoriated running spots on the skin. Yellow spots on the arms. Brown spots on the wrists. Tumor in the axilla. Ulcers, with proud flesh. Obstinate superficial ulcers on the toes, with elevated margins, red bases, and much oozing.

Subjective. Burning. *Itching, with chills.* Stitching and cutting pains. Smarting. Shooting pains. Titillating.

Aggravation. In the morning. In the open air.

Phosphorus.

Nosological. Lymphatic abscesses. Boils. Chilblains. Corns. Erysipelas. Eczema. Fungus hæmatodes. Gangrene. Herpes. Hæmatophilia. Measles. Nettlerash. Petechiæ. Psoriasis. Scrofulosis. Scarlatina. Scald-head. Ulcers. Small-pox.

Objective. Abscesses and indurations of the mammae. Blotches on the edges of the tibia. Hard blotches here and there. Brownish and bluish-red blotchlike spots. Blisters on the heels. Black blood oozes from an old cicatrix. Boils on the abdomen. Small boils on the nape of the neck, chest, and thighs. Copious bleeding from small wounds. Hard blisters. Cracked skin of the finger-joints, as if by cold. Desquamation. Sealy herpes on the arms and knees. Scabby herpes on the face. Dry and furfuraceous herpes. Fatal inflammation and gangrene. Pimples on the face, in the bend of the elbow, and in the axillæ. Psoriasis on the knees, elbows, legs, and eyebrows. Repercussion of eruptions. Excoriated spots, with rhagades on the skin. Yellow spots on the chest. Small spots, like freckles, on the lower part of the tibia. Blue-red spots, like petechiæ, on legs and feet. Sanguineous spots. Brown spots on the body. Round herpetic spots all over. Red streaks after scratching. Hepatic spots. Small-pox, the pock containing blood. Suddenly formed red inflamed tumor between the calf of the leg and the bend of the knee. Ulcers on the prepuce. Fistulous ulcers, with callous margins and fetid colorless pus. Large vesicles all over. Vesicles between the fingers and in the bend of the knee; vesicles around the joints of the extremities.

Subjective. Burning, compelling change of position. Burning-itching. Burning when scratched. Itching. Gnawing-itching. Smarting. Shooting pain. Piercing pain. Stinging-burning.

Aggravation. In the morning. In the evening in bed. From evening till midnight. In lean, slender persons. After the measles and scarlatina. From salt and camphor. From warm food. From strong smells. When lying on the left side. When the weather changes. In the wind.

Amelioration. When lying on the right side. From rubbing. After sleep. After eating cold things, and drinking cold water.

Accompaniments. Hectic fever. Painless diarrhœa. Hæmorrhagic diathesis. Great sensitiveness of all the senses, and yet apathy. Bronchitis and pneumonia; tightness across the chest, with dry, tight cough; rattling in the throat. *Muriatic Acid* is often useful after *Phosphorus*.

Phosphoric Acid.

Nosological. Boils. Corns. Chilblains. Condylomata. Erysipelas. Herpes. Intertrigo. Pemphigus. Psoriasis. Small-pox. Scrofulosis. Scarlatina. Warts and wens.

Objective. Boils in the axillæ, on the shoulders (especially the right shoulder) and nates. Deep, hard bullæ on the ball of the thumb. Blisters on the balls of the toes. Crusts on the face. Erysipelatous inflammations and suppressed erysipelas. Dry and humid herpes; herpes on the face and chin. Pimples on the knees and calves of the legs, becoming confluent, and forming easily bleeding ulcers. Red pimples of the size of a pin's head, with a whitish elevation in the centre, on and between the fingers. Red pimples on the neck, chest, back, scrotum, and back of the penis. Smooth red pimples, with a red areola on the forearm and neck. Large pimples on the face and chin. Itch-like pustules on the nates and the balls of the toes. Rash all over; clusters of red, fine rash. Repercussion of scarlatina. Scarlet exanthems. Red spots on the backs of the hands and limbs. Redness of the whole body, with single large red spots on the shoulders,

and red streaks from the hips to the umbilicus and on the patellæ. Small-pox ; the pocks don't fill with pus, but degenerate into large blisters, bursting and discharging water, and leaving excoriated places. Inveterate or flat ulcers, with dirty pus or indented bases. Ulcers on the legs. Vesicles in various parts. Warts between the metacarpal bones.

Subjective. Anæsthesia. Burning after scratching. Burning-pricking here and there. Burning-stinging. Crawling-tingling under the skin. Itching. Stitching pressure. Smarting pain in wounds, even of the bones. Skin feels sore all over.

Aggravation. During repose. From suppressed eruptions. From loss of animal fluids. After sweating.

Accompaniments. Diarrhœa. Typhoid condition. Fear of death. Great restlessness.

Phytolacca Decandra.

Objective. Abscesses of various kinds, especially of the mammæ. Boils, especially on the back and behind the ears. Drawing in of cicatrices. Cancers. Eruption on the upper lip. Eruption like lichen. Excoriation and ulceration of the nipples. Lupus (which variety?). Psoriasis. Pityriasis. Suppuration of painless tumors. Spots of the size of a lentil on the chest. Scald-head. Tardy appearance of the eruption in scarlet fever. Syphilitic eruptions. Ulcers and scaly eruptions on the face. Ulcers on the legs.

Subjective. Itching. Pressing and shooting.

Accompaniments. Delirium. *Diphtheritic sore throat.* Acrid discharge from the nose, excoriating the nose and the upper lip. Suppression of the lochia.

Plantago Major.

Objective. Eruption on the forehead. Small, red, rough, scaly erythematous patches of the size of a pea, on the

face, especially on the left side. Dry scaly eruption on the lower lip. Erysipelas of the mammæ. Red papulæ around the nose. Hard, white, flattened, isolated papulæ on the inside of the thighs; some of the papulæ have a red point in the centre. Papulæ which exude a yellowish tumor and form a crust. Redness, swelling, and vesicles on the hands and face. Incised wounds become highly inflamed, erysipelatous, and even gangrenous.

Subjective. Burning after rubbing, and when scratched. Violent itching. Pricking-stinging pains. Tensive sensation.

Aggravation. When rubbed and scratched.

Platina.

Objective. Ulcers on the fingers and toes.

Subjective. Pain, as if excoriated. Itching, or burning-pricking. Tingling-gnawing pains. Shooting pains.

Aggravation. In the evening. At rest. While lying down. In the open air.

Plumbum Aceticum.

Objective. Blue color of the body and limbs. Burns become inflamed, with swelling, and vesicles full of yellow ichor; often become gangrenous. Swollen red spots on the fingers. Dark-brown spots all over. The skin is dry. Suppuration ceases. Vesicles on the forehead and nose. Stab wounds become inflamed, suppurate, and heal rapidly.

Subjective. Burning and smarting as from fire.

Accompaniments. Constipation. Delirium. Dryness of the mouth. Swelling of the submaxillary and sublingual glands.

Plumbum Metallicum.

Objective. Bed-sores. Excoriations. Erysipelas on the nose. Gangrene. Dark-brown spots. Serous infiltration of the skin. Skin rough, dry, scaly, yellowish, pale, clay-

colored, and dingy. Small wounds inflame and suppurate easily. Ulcers.

Subjective. Burning in ulcers. Skin sensitive to touch, especially on the arms and eyelids.

Aggravation. At night.

Amelioration. By rubbing.

Podophyllum.

Objective. Skin sallow, moist, and hot. Flesh soft.

Accompaniments. Great debility with children. Painless diarrhœa of *chalky* stools.

Polygonum Hydropiper.

Objective. Superficial ulcers and sores on the upper extremities.

Polygonum Punctatum.

Objective. Chronic erysipelas, sprains, bruises, etc. Scarlet eruption in a band about three inches wide around the waist, like *zona*. Old, indolent ulcers.

Subjective. Burning and itching.

Psorinum.

Objective. Dry or moist, fetid eruptions on the head. Humid eruption on the face. Suppressed eruptions. Both inveterate and recent cases of itch; in the bends of the elbows and around the wrists; repeated outbreaks of single pustules after the main eruption seems gone. Herpes. Psoriasis. Pimples on the face. Pustules on the forehead, chin, and chest. Nettle-rash; frequent attacks, with fine vesicles on the top, which dry up and peel off in fine scales. Scald-head. Ulcers on the face and legs; old ulcers with fetid pus.

Aggravation. In the evening and before midnight. In the open air. After exertion. After suppressed itch.

Pulsatilla.

Nosological. Boils. Chilblains. Erysipelas. Herpes zona. Measles. Nettlerash. Scrofulosis. Ulcers. Varices. Conoid varicellæ.

Objective. Chilblains, with bluish-red swelling and rhagades. Phlegmonous erysipelas of the face, with swelling and desquamation. Repercussion of measles. Red nodosities on the cheek-bones. Pimples from the scalp to the middle of the back. Pimples on the side of the neck. Pimples on the neck below the chin. Pimples (or blisters?) on the leg, discharging a watery fluid. Pimples or blisters between the fingers, containing water. Small pustules in the groins. The redness around an ulcer becomes hard and shining. Red, elevated spot on the dorsum of the foot. Red, hot spots like nettlerash. Swelling of the limbs. Small swellings under the skin above the elbow-joints. Ulcers bleed easily. Inflamed and putrid ulcers, with shining hardness and easy bleeding. Callous ulcers. Varices, especially of pregnant women. Highly inflamed varices.

Subjective. Burning and biting pain. Biting itching. Gnawing. Heat and throbbing. Itching. Itching-stinging as from flea-bites. Burning as from a hot coal above an ulcer. Stinging and numbness. Shooting. Stinging-smarting pain in, with itching all around, an ulcer.

Aggravation. In the evening. Before midnight. Early in the morning in bed. In the afternoon. Before and during menstruation, and from suppressed menstruation. In women. During pregnancy. In lying in women. In the sunshine. During a catarrh. From being frost-bitten. Before the fever. During the sweat. From touching, rubbing, and scratching. When getting warm in bed, or while walking. After contusions. After the loss of animal fluids. After moving. While lying on the left side, and on the painless side. On waking. After

eating fat, pork, ices, fruits, pastry, warm food, bread and butter, butter, pancakes, and buckwheat. After taking Quinine, Mercury, Chamomile, and Sulphur. After using tobacco.

Amelioration. At noon. In the open and cold air. From slow motion. From cold food and cold in general. From washing. After rising from the bed.

Accompaniments. Hardness of hearing after measles. Inflammation of the eyes and photophobia. Thick yellow coryza. Dry mouth without thirst. Gastric derangement. Rumbling in the bowels at night, followed by diarrhoea. Delayed and scanty menses. Loose, rattling cough, with thick yellow expectoration. Mild, yielding, tearful disposition.

Pulsatilla Nuttalliana.

(AMERICAN PULSATILLA.)

Objective. Erythema of the scalp. Eruption of a dark-blue or red color on the back, legs, and ankles. Eruption standing out from the skin and looking like measles. Face hot and red from 4 p.m. till bedtime. Nettle-rash; nodules of irregular form, round, elongated, and annular, with a red base, turning white on scratching.

Subjective. Violent itching, especially intolerable at night in bed.

Ranunculus Acris.

Objective. Gangrene. Feet red, hot, and covered with blisters here and there. Obstinate ulcers.

Ranunculus Flammula.

Objective. Gangrene.

Ranunculus Repens.

Objective. Blisters and gangrenous places on the feet.

Ranunculus Bulbosus.

Objective. Blisters between the fingers, emitting a thin, yellow fluid. Blisters on the lower limbs. Horny and other excrescences. Herpes all over. Pemphigus. Pityriasis palmarum et plantaris; psoriasis. Flat corrosive ulcers, with sharp edges. Dark-blue vesicles emitting dark-yellow lymph, and becoming covered with a horny herpetic scurf. Vesicles on the lower limbs.

Subjective. Burning. Intolerable burning-itching. Itching. Lancinating changing to itching. Pricking terminating in itching. Stinging.

Aggravation. In the morning and evening. From a change of temperature. From contact and motion. For drunkards. On entering a cold place.

Ranunculus Sceleratus.

Objective. Obstinate ulcers. Vesicles emitting a thin, acrid, yellowish ichor.

Subjective. Burning. Biting. Boring. Gnawing. Itching. Tingling.

Aggravation. In the evening till midnight. From touch.

Ratanhia.

Objective. Suppurating boil on the sole of the right foot. Small red spots on the abdomen, over the stomach. Small granular swelling on the occiput. Large tubercle on the right hip. Vesicles on the upper lip.

Subjective. Burning. Itching.

Rheum.

Objective. Rash on the forehead and arms, with itching.

Rhododendron.

Objective. Small red blotches on the inner surface of the thigh. Corns. Dark-red spots on the inner surface

of the right thigh. Red swellings of the joints. Vesicles on the lips.

Subjective. Gnawing. Itching. Shooting-stitches (in corns).

Aggravation. In the morning. During wet, cold stormy weather.

Rhus Radicans.

Objective. Lymphatic abscesses. Small watery blisters on the backs of the hands. Hard, red blotches on the extremities, face, eyelids, and neck, with raised, swollen appearance of the surrounding parts. Boils on the face. Red inflamed tuberculoid elevations of the skin. Erysipelas of the face. Eczema. Hard, red eruptions. Eruption of small granules across the forehead. Heat and redness of the face. Inflammation of gunshot wounds. Circumscribed redness on the ball of the thumb. Watery pimples bleeding and scabbing. Pimples and pustules on the face. Lymphatic swellings. Vesicles on the wrists and hands, on the scrotum, and on the face. Vesicular eruption between the fingers of the right hand.

Subjective. Burning. Itching. Tickling. Tingling. Pricking.

Aggravation. In warm weather.

Rhus Toxicodendron.

Nosological. Acne rosacea. Carbuncles. Corns. Chilblains. Vesicular erysipelas. Eczema. Felons. Herpes. ZONA. Intertrigo. Measles. Nettle-rash. Petechiæ. Pityriasis palmaris et plantaris. Pemphigus. Malignant pustule. Papulous erythema. Rhagades. Small-pox. Scarlatina and scarlatina maligna. Scald-head. Scrofulosis. Varicella. Warts. Wens.

Objective. Acne rosacea on the mouth and chin. Inflamed blotch on the middle joint of the ring finger. Blisters break, leaving red (sore) places. Chilblains, with blotches after scratching. Humid eruption on the scro-

tum, with swelling of the prepuce and glans penis. Eczema on the inner surface of the thighs after vaccination; eezema, with thick moist crusts on the face and genitals. Chronic suppurating eruption on the face. Eruption on the scrotum, prepuce, eyelids, arms, and hands, with swelling of the parts, and *small* yellow vesicles, which become confluent and moist; the larger vesicles suppurate, being surrounded by a red areola, while the smaller ones scale off. Felons with erysipelatous redness. Herpes alternating with pains in the chest and dysenteric stools; herpes, moist and dry; herpes zona (*Rhus* will usually cure without the supervision of neuralgia). Intertrigo of infants between the thighs. Suppressed measles and scarlatina. Nettlerash, the skin is red and swollen. Pustules on the arms, hands, and feet. Pustules on the hands and forearms, which break and emit clear moisture. Black pustules, with a high grade of inflammation, rapidly spreading. Pemphigus, each bullæ surrounded by a red, inflamed base. Itchlike pimples on the inner side of the carpus, and on the cheeks. Hard pimples on the hands. Pimples on the right side of the chest. Fine rash, with moisture, on the scrotum where it touches the thigh. Scarlatina, dark eruption. Scald-head; a bright-red edge of inflammation surrounds every portion of the eruption; thick crusts, and bloody ichor, with much fætor. Small-pox, livid eruption which shrinks in. Skin hard and tough like leather, with much desquamation. Scurfs all over. Spots near the frænulum. Red spots on the inner surface of the prepuce. Red, hot spots on the right hip. Black spots. Red, hot spots and streaks on the inner side of both knees, with small vesicles. Dark-brown marks or spots on the inside of the ankles. Petechial spots. Red spots, size of a lentil, with small vesicles in the centre. Tubercles on the knees, hips, and shoulders. Tubercles here and there. Small vesicular tubercles, like insect-bites, on the joints of the hands and feet, especially

on the outside of the ankles. Glandular swellings and indurations. Ulcers from small vesicles, with violent fever. Vesicles around the mouth and nose. Small vesicles with red skin all over. Small vesicles between the fingers and on the right hand, with swelling. Vesicles filled with a yellow fluid on the face. Vesicles on the knees, hips, shoulders, and glans penis. Confluent vesicles containing milky or watery fluid, peeling off in three days. Varicella in spreading blisters. Warts all over, especially on the hands and fingers. Wounds become inflamed and covered with small vesicles.

Subjective. Burning pain. Burning and smarting. Itching-burning pain sometimes passing into a slow stitch. Itching, especially of hairy parts. Stinging-corrosive itching. Sore excoriated feeling, and fine stitches from within outward. Stitching in the scurf on an ulcer early in the morning on waking. Smarting as from salt, at night, waking the patient frequently from sleep; also, the same during the day, worse in the open air. Tingling.

Aggravation. In the morning. In the evening. After midnight. In the spring. In the autumn. In the month of July. In lying-in women. After getting wet and cold, especially while perspiring. In cold air, from cold food, and cold in general. From cold bathing. After drinking. From exercise, from being heated. From denudation. From wet poultices. During perspiration. Before falling asleep. From lying on the painful side, and while lying down. From a change in the weather, and during wet weather. On rising. After contusions and sprains. During the small-pox.

Amelioration. After the perspiration. When walking and getting warm, and from warmth in general. From warm food. In dry weather. From wrapping up.

Accompaniments. Debility and tired feeling; free perspiration after slight exertion. Weeping and moaning. Restlessness at night. Much thirst. Typhoid symptoms.

Eyes appear swimming, as if the person were intoxicated. Bleeding from the nose at night: ichorous or thick yellow discharge from the nose. Tongue red, smooth, dry, and cracked. Swelling and suppuration of the parotid glands which discharge ichor; *first* the *left*, and *then* the *right* side affected. Sore throat, with swelling of the glands. Acrid diarrhoea. Rheumatism of the joints, worse during rest. Œdema of the genitals.

Rhus Venenata.

Objective. Boils on the forehead, neck, right thigh, and arms. Phlegmonous erysipelas; vesicular erysipelas of the face, with much swelling. Fine vesicular eruption on the forearms, wrists, backs of hands, between the fingers, and on the scrotum and ankles. Fissures in the ends of the fingers, which bleed easily. Face very red and swollen, and covered with vesicles. Scrotum swollen, deep red, and covered with vesicles. Watery vesicles on the palms of the hands, ankles, feet, and toes. Groups of watery vesicles on the fingers. Vesicles on the upper lip and ears.

Subjective. Burning. Itching.

Aggravation. From warmth. Before a rainstorm.

Rhus Vernix.*

Objective. Hard, elevated blotches, with watery vesicles on them, on the hands. Blotches on the palms of the hands, deep under the skin. Red, elevated callosities. Eczema. Phlyctenoidal eruptions. Red spots on the face. Groups of watery vesicles on the fingers, and behind the ears.

Subjective. Itching.

Aggravation. After midnight, toward morning.

* Some claim that *Rhus vernix* and *Rhus rad.* are identical in their action; but we give distinct pathogeneses as we have found them.—ED.

Rumex Crispus.

Objective. Eruptions from wearing flannel. Vesicular eruptions. Psoric itch. Dense rash of small red pimples on the legs.

Subjective. Itching. Pricking-itching, and stinging-itching.

Aggravation. When uncovered (undressing) and exposed to the air. After scratching.

Ruta Graveolens.

Objective. Acne rosacea. Contusions and injuries of the bones. Erysipelatous inflammation in the forehead, with swelling; erysipelas of the hands. Intertrigo from walking, or riding on horseback. Pimples on the lips. Inflamed ulcers. Fistulous ulcers on the legs. Warts.

Subjective. Gnawing-itching.

Aggravation. From uncooked food. While lying on the painful side. After injuries of the bones.

Sabadilla.

Objective. White blister, with a red edge, on the right knee. Desquamation about the nails. Erysipelatous inflammation on the right tibia. Marbled and herpetic appearance of the face. Small pimples on both forearms. Red spots of the size of a pin's head on the abdomen, chest, and hands. Small red spots on both hands. Yellow spots on the fingers. Red spots on the left arm. Red spots, and streaks or bands in different parts of the body.

Subjective. Burning. Burning-creeping. Burning-itching. Hot sensation in the arms. Pricking, especially in the fingers and toes. Shooting pains. Tingling.

Aggravation. In the forenoon. Before midnight. Periodically. During the full moon. From cold, cold air, and getting cold. During rest.

Amelioration. While moving. On getting warm. When wrapped up.

Sabina.

Objective. Acne punctata. Boils on the buttock. Intertrigo and ulceration. Large spot on the right thigh, excoriated after scratching and oozing water, which in three days forms a scurf, leaving a raw, bleeding surface when scratched off; the skin is finally left tender, red, and cicatrized; there are similar spots on the left ear. Ulcers on the buttocks. Ulcers on the inner side of the left leg, with impure bases under a loose scurf; small areola in the evening, which is redder in the morning. Sarcomatous ulcers on the tibia.

Subjective. Burning. Violent itching. Stinging. Shooting.

Aggravation. At night. In women. During pregnancy. From touch. On getting warm in bed. In a warm room.

Amelioration. In the open air.

Sanguinaria.

Objective. Carbuncles. Dryness of the skin. Scaly eruptions. Fungoid growths. Nettle rash. Pustules on the fingers and other parts. Indolent ulcers, with callous edges and ichorous discharge. Ulcerations at the roots of the nails. Warts.

Subjective. Heat. Itching. Pain in the tips of the fingers, as from ulceration. Burning of the soles of the feet and palms of the hands at night.

Aggravation. In the morning. In the evening. During motion.

Sapo Domesticus.

Objective. This remedy is almost absolutely specifically homœopathic to burns. Use externally as a salve, and internally in a dilution.

Sarracenia Purpurea.

Objective. Psoriasis. Small-pox.

Sarsaparilla.

Objective. Blotches, as from nettles. Miliary eruption on the forehead. Herpes præputialis. Herpes on the left leg, upper lip, and hands. Nettlerash. Red, dry pimples. Deep rhagades on the fingers and thumbs. Red herpetic spots on the calves of the legs. Skin shrivelled. Rough, pale-red spots on the face. Thick scabs on the face. Scabby eruption on the nose and face, like *milk crust*. Big hot swellings. Purulent ulcers. Vesicles on the fingers and chin. Warts.

Subjective. Burning. Burning-itching, with chilliness. Itching. Pain, as if from subcutaneous ulceration in the tips of the fingers.

Aggravation. After the use of Mercury. After gonorrhœa suppressed by Mercury.

Accompaniment. Hæmorrhoids.

Secale Cornutum.

Objective. Boils. Bloody blisters on the extremities, becoming gangrenous. Carbuncles. Extensive ecchymoses. Miliary eruption on the chest and nape of the neck. Gangrena senilis; gangrene of the extremities. Black gangrenous pustules. Petechiæ. Spots on the feet like flea-bites. Skin dry and brittle, peels off all over, is shrivelled in places, and insensible and bloodless. Emphysematous swellings. Watery, soft, painful swelling on the wrist-joint. General desquamation in scarlatina. Tumors on the neck discharging yellow pus.

Subjective. Burning. Drawing and creeping increasing to spasms. Formication in the fingers and all over. Tingling.

Aggravation. From warmth and warm applications. During motion. During pregnancy.

Accompaniments. Watery discharge from the nose, and yet it is stopped. Bloody and albuminous urine. Contraction of the limbs. Profuse sweats.

Selenium.

Objective. Miliary eruption on the forearm. Painful hangnails. Prolonged oozing from scratched parts. Scabious pimples on the hands. Pimples on the buttocks and thighs, near the scrotum. Small pimples on the back, and hands, and below the ear. Red rash all over. Flat ulcers on the legs.

Subjective. Biting in the skin. Tingling-itching.

Aggravation. After sleep. In the sunshine. From a draft of air. From tea, lemonade, and wine.

Sempervivum Tectorum.

Objective. Burns. Corns. Erysipelas. Herpes circinnatus and "ingles." Stings of insects. Ulcers on and under the tongue. Warts.

Senega.

Objective. Bites of venomous or enraged creatures. Scarlatina. Vesicles at the commissures of the lips.

Subjective. Burning. Itching.

Accompaniments. Dyspnoea. Rattling in the chest, and loose but feeble cough. Hydrothorax.

Sepia.

Nosological. Adenitis. Acne punctata. Boils. Corns. Dandruff. Eczema marginatum. Ichthyosis. Pustular erysipelas? Felons. Herpes. Herpes circinnatus. Scirrhus; glandular indurations. Intertrigo. Nettlerash. Prurigo. Psoriasis and pityriasis palmaris and plantaris. Pemphigus. Scabies. Scurvy. Scrofulosis. Scald-head. Tinea tonsurans. Ulcers. Warts.

Objective. Red lentil-sized blotches on the hands, emitting a humor when pricked. Blotches on the face and feet. Blisters on the heels becoming ulcers. Large blisters on both upper arms. Boils on the thighs. Corns on

the feet. Dandruff in circles like "ringworm." Desquamation of cuticle from the hands and feet. Humid eruption on the inner labia, with swelling. Eczema on the face, genitals, legs, and bends of the extremities. Hot glans, with pale-red eruption. Red little induration on the inner side of the prepuce and glans. Scaly herpes on the hands. Moist and scaly herpes. Herpes, and yellow color about the mouth. Herpes on the neck and behind the ears. Humid herpes in the axillæ, and on the backs of the hands. Humidity and intertrigo in the bends of the joints. Erysipelatous inflammation of the face from a carious tooth. Deformed nails. Nettlerash, chronic form, especially on the face, arms, and thorax; breaks out during a walk in the cold air, and disappears in the warm room. Pimples on the legs, and in the bends of the joints. Small red pimples. Pustules on the arms. Scurf at each elbow. Herpetic scurf on the face. Dry scabies; itchlike eruptions. Brown spots on the chest, on the elbow, surrounded by herpetic skin. Claret-colored spots on the neck and under the chin. Red herpetic spots on both sides of the neck. Redness and red rash all over. Swelling in the wrist, elbow, and tarsal joints, and of the whole body. Glandular and lymphatic swellings. Scald-head, the eruption is very moist and discharges puslike matter. Livid spots on pregnant or nervous women. Yellow spots. Yellow streak like a saddle on the nose and cheeks. Herpetic scurf on the face. Inflammatory swelling of the face, with yellow, scurfy pimples. Red tip on the glans. Indolent ulcers. Ulcers in the joints, on the heels, instep, and tips of the toes. Eruption of vesicles, like pemphigus. Vesicles in the face, and on the hands and feet. Varicella; the pocks ulcerate and wont heal. Warts on the hands and feet. Scabies, after the abuse of Sulphur and in women.

Subjective. Burning. Itching changing to burning. Violent itching. Lancinating. Soreness in joints. Shooting. Excessive sensibility.

Aggravation. In the forenoon. In the evening, and at night. In the morning? In cold and dry weather. In the snowy air. During menstruation and pregnancy. While nursing the child. During and after the sweat. During the fever. Before falling asleep. After sexual excesses and the loss of animal fluids. After washing. After riding on horseback and in a carriage. After bee-stings. After milk and pork. After taking cold in the head. From contact. In women, especially.

Amelioration. In the morning. Lying on the painful side. After running. After smoking. After cold food and drink.

Accompaniments. Alternate chill and heat. Fever. Dyspnœa. The child jerks its head to and fro.

Silicea.

Nosological. Abscesses. Adenitis. Boils. Corns. Carbuncles. Dandruff. Ecthyma. Eczema. FELONS. Fungus hæmatodes. Ganglions. Herpes. Intertrigo. Scirrhus indurations. Ingrowing toenails. Suppurations. Scarlatina. Scrofulosis. Scald-head. Scrofulous, mercurial, scorbutic, cancerous, fistulous, phagedenic, fungoid, and malignant ulcers. Varicella. Warts.

Objective. Boils on the calves of the legs, thighs, arms, nape of the neck, and chin. Rose-colored blotches. Hard bullæ on the lower arm, on a red base, of the size of a pea. Hands and arms chapped. Small crack in the index finger, which becomes inflamed, and on the sore spot a blister is formed. Caries. Carbuncles, during the ulceration. *Silex* clears wounds and sores of decayed masses, and promotes healthy granulations. Scabious eruption on the tips of the fingers. Eruption all over, like varicella. FELONS; deep-seated inflammation, the bone is affected; and there is proud flesh. Ganglion on the back of the hand, between the third and fourth metatarsal bones. Herpes on the chin. Pimples at the mons veneris, and on the

nape of the neck. Pustules on the forehead, occiput, and vertebral column, forming ulcers. Rash on the sternum. The skin is unhealthy and ulcerates easily. Humid spots on the serotum. Scurfy, elevated spot above the fold near the os coccygis. Red spots on the glans penis and right tibia. Scarlatina. Suppuration of the glands. Putrid ulcers, with proud flesh and corroding sanies. Purulent ulcer on the back. Ulcers on the lips, backs of hands, thighs, and ankles. Purulent vesicles on the fingers. Affections following vaccination. Warts on the arms and hands. Old scars open and become painful. Ulceration of the great toe.

Subjective. Boring-shooting. Burning-stinging. Itching and burning. Itching and biting, after lying down, not relieved by scratching. A kind of crawling, shooting pain. Smarting. Stinging-aching in a spot where an ulcer was. Stitches in corns jerking the feet. The skin is very sensitive.

Aggravation. At night. When the weather changes. In the open air. From uncovering. From getting cold or wet, especially after having cold feet. While lying on the painful side. After drinking, especially wine. From pressure from without. With children.

Accompaniments. Fever worse at night. Sleep disturbed by earache. Child wakes and throws its arms about and screams; puts its hands behind the ears; otitis interna; likes to be covered and wrapped up warmly. Children with large bellies, weak ankles, and much sweat about the heat.

Amelioration. From warmth, wrapping up, and in the warm room.

Solanum Mammosum.

Objective. Vesicular erysipelas. Herpes.

Spigelia.

Objective. Wart-shaped excrescences on the second toe,

leaving a white cicatrix. Large pimples on the neck. Hard, reddish pimples on a spot on the palm of the left hand. Pimples on the middle finger of the right hand, which discharge yellow pus when pressed. Small black pimples on the upper lip. Skin pale and wrinkled.

Subjective. Burning and itching followed by an eruption. Itching. Pain as if excoriated. Painful sensitiveness.

Aggravation. In the afternoon. After washing. From contact. After exposure to cold.

Spongia.

Objective. Adenitis. Large blisters on the right lower arm. Red blotches. GEITRE (also, *Iodine*). Herpes. Large pimples below the chin. Spot of the size of a silver dollar between the scapulæ, densely covered with pimples. Red spots on the skin. Red, hot spot covered with miliary vesicles.

Subjective. Burning. Stinging-itching after scratching. Creeping in a small spot. Itching. Gnawing-itching in a small spot, as though a flea were walking on it. Itching in other parts while scratching a particular spot. Itching-shooting. Continuous itching stitch, as if from a fine needle. Painful stitching. Titillating.

Aggravation. From the use of tobacco, especially smoking. In the warm room.

Squilla (Scilla) Maritima.

Objective. Eruption like pustulous scabies. Cold gangrene. Intertrigo in the bends of the joints. Pimples on the neck. Red pimples on the back, the tips filled with pus; the next day the pimples are covered with a crust. Small red spots all over, but especially on the hands, chest, and feet. Scirrhus tumors. Vesicles on the hands.

Subjective. Burning-itching, especially after scratching. Stinging-itching.

Aggravation. In the morning. From exercise. From uncovering.

Amelioration. While wrapped up and lying in bed.

Stannum.

Objective. Blotch on the left side of the anus. Chilblains on the hands. Flaws in the nails. Pimples on the face. Round red spot on the front of the neck, with a white pimple in the centre. Small red spots on the backs of the hands. Round yellow spots on the legs. Vesicles at the orifice of the urethra.

Subjective. Itching, burning, pricking. Gnawing-itching while undressing. Itching-shooting.

Aggravation. At rest, and from motion?

Staphysagria.

Nosological. Adenitis. Boils. Cancerous affections. Caries. Eczema. Herpes. Lichen. Scald-head. Scurvy. Scabies. Scrofulosis. Ulcers. Sycosis.

Objective. Blotches all around the anus. Herpetic eruptions. Chronic miliary eruptions on the chest. Scabious eruptions. Eczema; yellow acrid moisture oozes from under the crusts; upon the surface denuded of these, new vesicles at once form and soon burst, forming a crust as before. Dry crusty herpes in the bends of the joints. Herpes on the hands, thighs, and legs. Inflammations. Glandular indurations. Lichen on the face and behind the ears, dry, pimply eruption, and rough skin. Oozing nodosities. Red and white pimples on both thighs and legs, whose tips contain pus. Pimples on the leg and nape of the neck. Small red pimples, close together, on the lower ribs. Rash on the chest becoming red. Chronic miliary rash. Skin unhealthy and easily suppurates. Red swelling on the forearm, with a pustule in the centre. Sycosis; white humid excrescences behind the corona glandis, and upon it. Scald-head; yellow, moist, offensive

scales. Ulcers covered with a thin crust, and discharging yellow water. Vesicles on the inner surface of the right tibia. Wounds from sharp instruments (for such injuries *Staph.* is second only to *Calend.*).

Subjective. Burning when scratched. Wandering creeping-crawling. Darting and jerking. Itching-burning. Itching-burning-stinging, as from nettles. Smarting-itching. Itching, sharp stitches. Lancing. Deeply penetrating sharp stitches. Scratching in one place relieves the itching, which appears in another. Smarting. Tearing-shooting. Tingling as if from insects. Ulcerative pain when touched.

Aggravation. In the morning and evening. After sexual excesses and masturbation. From loss of animal fluids. After rubbing and contact. After fasting. After tobacco and Mercury. When warm. After cuts.

Accompaniments. Chilly creeping in affected parts. Chilliness in the epigastrium. Nocturnal convulsions.

Stillingia Sylvatica.

Objective. Elephantiasis. Vesicular eruption on the ear. Pustular eruption on the arm. Chronic eruptions. Leprosy. Scrofulosis. Syphilis. Ulcers.

Subjective. Itching.

Aggravation. Upon exposure to cold.

Stramonium.

Objective. Blisters. Large boils, boils on the feet. Erysipelas of one side of the face. Eruptions, with swelling and inflammation. Felons, when the pain is unbearable, driving the patient to despair; *Stram.* hastens benign suppuration. Measles. Inflamed pustules on the right leg emitting an acrid water. Red rash on the chest and back, pale in the morning, redder and more frequent in the afternoon; scaling off after some days. Skin on the left

knee is copper-colored. Small swelling on the tibia, with a red point. Malignant scarlatina.

Subjective. Creeping. Itching. Tingling.

Aggravation. Early in the morning after waking. In the afternoon. After sleep. From contact. During perspiration. After moving.

Accompaniments. Delirium; visions of rats and mice, etc., at which the patient starts and tries to hide. Difficult deglutition, as from spasm of the œsophagus.

Strontiana Carbonica.

Objective. Pimples in different parts.

Subjective. Burning-itching. Tension of the skin.

Aggravation. In the evening and at night. From cold and cold air. From uncovering. From washing.

Sulphur.

Nosological. Adenitis. Acne punctata. Boils. Chilblains. Corns. Crusta lactea et serpigiosa. Caries. Dandruff. Eczema. Ichthyosis. Erysipelas. Erythema. Ecthyma. Felons. Herpes. Intertrigo. Freckles. Glandular indurations. Lichen. Measles. Nettle-rash. Moles. Porrigo favosa. Pemphigus. Psoriasis and pityriasis palmarum or plantaris. Prurigo. Rhagades. Scurvy. Scarlatina. Small-pox. Tinea, humid and dry. Ulcers. Varicella. Varicose veins. Warts.

Objective. Blotches on the neck, as if from the heat. Blotches all over, especially on the hands and feet. Profuse bleeding from ulcers; bleeding after itching. Red blotches on the face. Crusta serpigiosa on the face, worse on the cheeks and around the eyes; hands and arms cold, bluish, and swollen. Chapped skin, especially hands. Chilblains, with redness, swelling, and suppuration; thick red chilblains on the fingers. Inflamed corns. Dry, scaly eruption. Fiery scarlet eruption all over. Scurfy eruption, consisting of small vesicles with red areola. Eczema

around the margin of the hairy scalp from ear to ear posteriorly. Eczema under the toes. Eczema of the extremities, marginatum, and impetiginoides. Eczema, with crusts, pimples, and an easily bleeding surface; genitals, legs, and bends of the extremities specially affected. Erythema nodosum et papulatum. Erysipelas in very herpetic subjects; phlegmonous erysipelas, especially of the leg and foot. Papulous eruptions. Felons, when *Apis* seems indicated and proves insufficient. Red spotted herpes, with vesicles; humid herpes. Herpes miliaris, phlyctænoides, circinatus et squamosus. Crustaceous herpes. Herpes on the nape of the neck and ankles. Moist herpes, with small white vesicles in groups, forming scabs over the whole face, but chiefly above the nose and around the eyes. Reappearance of repelled herpes. Greenish-yellow herpes. Intertrigo of infants between thighs and behind ears. Nodosities on the fingers. Flaws in the nails. Nettle-rash, chronic cases, after *Pulsat.* White pimples between the toes. Pimples on the inner part of the thighs. Pimples all around the pudendum. Red pimples on the nose, chin, forearms and arms. Prepuce fissured and hangs far over the glans penis. Porrigo favosa; pustules on the head, forming thick, yellow, adherent crusts. Psoriasis inveterata; dry, scaly eruption on the dorsum of both hands. Pimples on the face. Bluish spots on the legs. Skin rough and scaly. Scald-head; the eruption spreads all over the body. Suppurations. Hard, hot swelling on the left upper arm. Swelling and suppuration of the glands. Thick yellow-gray scurfs. Small-pox, suppurative stage. Red spots on the arms after washing them with soap. Hepatic spots on the back and chest; yellow and brown spots. Scarlatina, rapidly growing red all over; eruption at first bright, soon growing purple, and very hot. Purulent tumors on the buttocks. Fistulous ulcers, with elevated edges surrounded by pimples, red or blue areola; bleed easily and profusely, with sanious,

thick, fetid, yellow pus and proud flesh. Vesicles on the pudendum. Suppurating vesicles in the bend of the elbow. Vesicular eruption on the back of the hands. Ulcerated vesicles on the soles of the feet. Varicella, the pocks don't heal and ulcerate. Varicose veins on the legs. Horny warts.

Subjective. Burning after scratching. Formication. Itching. Burning-itching. Itching-stinging. Pricking after getting warm in bed. Stinging and tearing. Stinging-itching. Smarting after scratching. Stitches and feeling as though pressed by the shoe, in corns. Voluptuous tingling-itching, with burning and soreness after scratching.

Aggravation. In the evening. After midnight. Periodically. Before menstruation, and from suppressed menstruation. From wet poultices and washing. After sleep. From exertion. During sweat, and from suppressed perspiration. From contact. On getting warm in bed. After the use of milk and Mercury.

Accompaniments. Fever, burning heat of the skin. Arthritic rheumatism. Catarrh during and chronic cough after measles. Chronic acrid diarrhoea, with and after measles and scarlatina. Hardness of hearing, and chronic discharge from the ears after measles. Vomiting. Sopor and tendency to metastasis to the brain. Burning heat in the soles of the feet, the patient puts them out of bed to keep them cool. Children very sensitive and averse to cold water. Sleep broken and in short naps at night.

Sulphuric Acid.

Objective. Boils. Bedsores. Bruises, contusions, injuries by falling, knocking, etc. Chilblains. Corns. Excoriation, with ulceration like gangrene; very easy excoriation while walking or riding on horseback. Small dark-red elevations on the back of the hand, covered with scabs, beneath which are pus. Erythema nodosum. Pur-

purea. Scabies, single pustules appear each spring. Bluish spots on the forearm, as if ecchymosed. Red spots on the tibia, with blotches in the centre, swelling after scratching. Suppurating sore as if mortified. Warts. Ulcers.

Subjective. Burning-itching. Corrosive sensation in an ulcer. Itching. Gnawing. Tearing and shooting.

Aggravation. In the forenoon. In the evening. In the open air. After violent bleeding. After drinking coffee.

Sumbul.

Objective. Acne punctata, black pores on the face. Porrigo, in infants, on the left side of the scalp; spots round and dry, slightly raised, and reddened at the edges, with branlike scales in the centre. Skin cold, white, shrunken, and dry as if washed in acrid water. Miliary spots on the back, right shoulder-blade and hip. Reddish spots on the forehead, chin, and cheeks, containing either water, or thick, white, curdy matter.

Subjective. Itching.

Syphilinum.*

Objective. Adenitis, leaving almond-shaped kernels (of varying sizes), abundant about the neck. Eruption all over the body, not elevated, but can be felt by the hand on the skin. Eruptions discharging pus. Eruptions of pustules discharging an ichor, and leaving pockmarks of a lardaceous coppery hue when healed. Eruption resembling small-pox. Eruption covering the eyes and making the patient blind. Eruption discharging pus. Herpes in the mouth and fauces. Rawness between the toes. Swelling of the glands. Dull, reddish, copper-colored spots all over. The skin is bluish. Sore one and a half inches in diameter on the middle of the occipital bone, covered with

* For this pathogenesis we are indebted to Samuel Swan, M.D., of New York City.

a thick yellow-white scab. Soreness of the left side of the nose, inside and out scabbed over. Sores on the lips and chin, especially on the left side, scabbing over.

Subjective. Burning in chancre. Whole body extremely cold. Terrible itching, but extreme sensitiveness which prevents scratching. Pain in the right groin, followed by glandular swellings. Pricking, as though punctured with pins, in chancre.

Aggravations. From 2, 3, or 4 P.M. until daybreak. From the warmth of the bed.

Accompaniments. Gradual rigidity of all joints after the eruption; flexors seem contracted. Peculiar disagreeable odor from the body. Headache and great debility. Night-sweats between the shoulders and down to the waist. Breath fetid. Tongue red and thick; two deep cracks running lengthwise in it; one each side of the median line. Suffusion and *full* feeling in the face, throat and head, with innumerable small enlarged cervical glands.

Tabacum.

Objective. Red eruption on the back. Pimples on the chest and fingers. Pustules on the nape of the neck and upper limbs. Miliary rash on both cheeks. Red spots on the face and right shoulder. Increased turgescence of the skin, which is yellow, hot, and dry. Vesicles containing a yellow serum, and surrounded by a red areola.

Subjective. Burning when touched. Itching as from flea-bites.

Aggravation. At night, and on the left side.

Accompaniment. Slight perspiration.

(Leontodon) Taraxacum.

Objective. Nettlerash. Pimples on the cheeks, wings of the nose, corners of the mouth, and hands. Vesicles on the dorsum of the right foot.

Subjective. Itching. Stinging itching.

Aggravation. While resting. From fat food.

Amelioration. From moving and walking.

Tartarus Emeticus.

Nosological. Boils. Ecthyma. Erysipelas. Scabies. Small-pox. Ulcers. Varicella.

Objective. Miliary eruption on the nape of the neck and on the arms. Furunculo-pustulous eruptions. Pimples on the arms and wrists. Pustular eruptions all over. Pustules on the genitals. Pustules seem filled with shot. Small red pustules. Large, round, full pustules, with red areola. Pustules drying up and leaving deeply penetrating malignant ulcers (in small-pox and varicella). Pale, livid, depressed, black pustules, containing a bloody or black fluid. Suppurating rash on the occiput, chest, and arms. Rash all over, with heat of the skin. Scabies; itchlike eruption, especially on the wrist and upper arm. Small red spots on the hands, like flea-bites. Dark-yellow spots on the fingers. Skin pale, cold, and clammy, especially about the head and extremities. Erysipelatous swellings. Erysipelatous ulcers. Gangrenous ulcers. Round and inveterate ulcers. Vesicles and blotches filled with pus like varicella or variola.

Subjective. Itching. Skin insensible.

Aggravation. In the evening. From warmth.

Accompaniments. Headache. Violent fever. Thirst. Profuse sweats. Dyspnœa.

Taxus Baccata.

Objective. Phlegmonous erysipelas. Miliary eruption on the left forearm. Eruptions with symptoms of gangrene. Dry herpes in the external angle of the left eye, red at the base. Petechiæ. Hard, round, red pimples on the back of the right forearm about the wrist. Broad flat pimples on both arms. Large, slightly elevated pimples (like red spots) on both forearms. Red-brown spot

on the nose, with a pimple in its centre, speedily scaling off.

Subjective. Burning itching. Tickling.

Aggravation. In the evening. At night.

Accompaniment. Profuse sweat.

Tellurium.

Objective. Herpes circinatus ("ring-worm") all over; red elevated rings, distinctly marked, especially on the lower extremities. Psoriasis. Sweat in spots, causing itching of the same.

Terebinthina.

Objective. Sudden, erythematous, papulous, and vesicular eruptions. Scarlet exanthem on the affected knee, spreading over the whole body. Herpes. Inflammation and redness of the skin, with large blisters on hands and feet, and finally on the thighs.

Subjective. Itching. Soreness of the skin.

Teucrium Marum Verum.

Objective. Ingrowing and ulcerated toe-nails. Psoriasis on the back of the index finger of the right hand; the skin is hard and hypertrophied, and covered with thick whitish scales.

Theridion Curassavicum.

Objective. Nodosities on various parts, especially the buttocks. Scrofulosis.

Subjective. Violent itching.

Thuja Occidentalis.

Nosological. Acne punctata. Adenitis. Boils. Corns. Chilblains. Condylomata. Erysipelas. Eczema. Herpes and herpes zona. Ichthyosis. Pemphigus. Small-pox. Scabies. Varicella. Ulcers. Warts.

Objective. Red blotches at the anus like fig-warts. Boil

near the small of the back, with large red borders. White blotches on the calves of the legs. Erysipelas of the finger. Eczema on the genitals. Red excrescences on the inner surface of the prepuce, like fig-warts; smooth red excrescences behind the glans penis under the prepuce. Herpes on the elbow. White, scaly, dry, mealy herpes. Red nodosities on the temples. White nodosities on the toes. Nails crippled, discolored, and crumbling. Pimples on the lips and chin; on the right buttock; on thighs and knees. Small red pimples on the neck close together. Humid pimples on the scrotum. Pimples on the knee like varicella; also the same with the tips full of pus, and surrounded by a red areola, especially also on the thighs, elbows, and forearms. Small-pox on the inner surface of the prepuce, humid and suppurating, and depressed in the centre. Purulent pimples like small-pox. Pemphigus, especially when painful. Scabious eruption on the face. Brown spot under the arms like *nævi materni*. Cold, painless, glandular swellings. Red spot on the dorsum of the foot. Red spot on the prepuce changing to an ulcer, with scurf. Brown or red mottled spots on the skin. Skin blue over the clavicles. Ulcers on the thighs. Flat ulcer, with blue-white bottom. Whitish ulcer on the inner surface of the labium majorum. Round, flat, unclean ulcer on the corona glandis. Small flat vesicle on the glans penis. Bad effects from vaccination. Warts on the hands. Wartlike easily bleeding growth on the right labium, after a fall.

Subjective. Burning. Creeping sensation. Itching. Itching changed to burning and soreness by rubbing. Lancinating and burning (in corns). Stinging burning when rubbed. Stinging and burning while urinating (in condylomata).

Aggravation. In the afternoon at 3 P.M. In the night, especially after midnight, at 3 A.M. During menstruation. From cold and uncovering. From washing, wet, and wet

poultices. After overheating and in the heat of the bed. After eating fat meat, onions, acids, and sweets. After drinking beer, wine, and tea. After using and abusing Tobacco, Sulphur, and Mercury. In the open air. On the left side.

Amelioration. From drawing up the limb.

Triosteum Perfoliatum.

Objective. Nettlerash, vesicular eruption on the forehead over the left eye, on the middle of the chest, and on the right arm.

Subjective. Violent itching.

Accompaniment. Gastric derangement.

Urtica Urens.

Objective. Fever blisters on the lips. Red raised blotches ("hives") on the hands and fingers. Burns; most indicated when the injuries are confined to the skin; the parts are swollen and œdematous, and covered with small, confluent, transparent vesicles filled with serum. Erythema. Vesicular (facial) erysipelas; lips, nose, and ears swollen; eyelids closed and œdematous, then small transparent vesicles filled with serum appear, and finally there is desquamation. Goitre? Nettlerash attending or preceding rheumatism. Urticaria nodosa on the hands and fingers.

Subjective. Violent itching. Burning itching as if the skin were scorched. Stinging itching.

Aggravations. Every year at the same time. In lying-in women. Alternately with rheumatic pains.

Accompaniments. Rheumatism attending, following or alternating with nettlerash. Complaints after the retrocession of urticaria and other eruptions.

Valeriana Officinalis.

Objective. White blisters on the cheek. Eruption first

red and confluent, then small, white, hard, elevated pimples on the arms and chest.

Aggravation. While resting.

Amelioration. While moving and walking.

Variolinum or Variolin.

Objective. Small-pox. Is almost specific. We have had prime results from the 200th and 1000th potencies, in which Drs. Swan, Blake, and others concur with us. Von Kaczkowski uses the 3d and 6th. Raue says: "*Variolinum* makes the progress of the disease much milder; removes quickly all dangerous symptoms; changes imperfect pustules into regular ones, which soon afterwards dry up; promotes suppuration on the third day, exsiccation on the fifth, sixth, ninth days, and prevents all scars. This is the unanimous testimony of ten physicians who have used it in different epidemics." *Special Pathol.*, p. 605.

Veratrum Album.

Nosological. Corns Herpes. Measles. Nettlerash. Scarlatina. Scrofulosis. Varicella. Scabies.

Objective. Red blotches on the backs of the fingers between second and third joints. Corns, especially on the left foot. Desquamation. Eruption like varicella. Miliary eruptions. Copper-red eruption around mouth and chin. Dry herpes on the hands. Measles; tardy eruption; burning heat, alternating with cold extremities. Pimples on the right labium just before menstruation. Pimples in clusters here and there. Pustular eruption about the mouth like crusta lactea. Redness and rash-like pimples, which can be easily felt on the chest and neck after rubbing the parts. Rash, with blotches after scratching. Thick rash on the face. Scabies; itchlike eruption. Skin bluish-whitish and shrivelled. Scarlatina; tardy eruption; burning heat alternating with cold extremities.

Subjective. Burning after scratching. Heat and tingling all over. Itching and corrosive itching. Sore pain. Severe stitch (in corns while sitting).

Aggravation. In the morning. After midnight. During hot summers. Before menstruation. In the heat. While sweating. After drinking. After scratching.

Accompaniments. Delirium. Drowsiness. Apathy. Restlessness. Frequent, weak, intermitting pulse. Hæmorrhages without relief.

Veratrum Viride.

Objective. Erythema and vesication of the skin. Eruptions with very high fever. Phlegmonous and vesicular erysipelas. Measles, scarlatina and small-pox, in the inflammatory stage. Face cold, pale, and blue; nose pinched and blue, etc. *Skin* cold and moist, or *hot* and *burning*.

Subjective. Pricking and tingling.

Verbena Hastata.

Objective. Bruises: (Verbena) promotes the absorption of effused blood, and allays the attendant pain. Rhus poisoning.*

Vinca Minor.

Objective. Humid, bad-smelling eruption on the head, with much vermin; the same on the face and behind the ears. Hair entangled as in plica polonica. Pimples on the face, which is bloated. Scabs on the scalp and face.

Subjective. Burning after scratching. Corrosive itching.

Aggravation. At night.

* We have found speedy and complete cures to result from the use of Rhus tox.^m (in a large number of cases), even when vesication and ulceration had set in. But if typhoidal symptoms supervene, other remedies will be necessary.

Viola Tricolor.

Objective. Crusta lactea ; scabs on the face and running of a yellow viscid pus. Impetigo figurata ; pustular eruption on the upper lip and chin ; a thick, yellow, friable, semi-transparent crust covers the parts. Rash all over. Skin of the face thick and hard. Dry scabs all over, discharging yellow water.

Subjective. Burning and itching. Burning stitches (in the scalp). Lancinating gnawing. Stinging biting. Corrosive stinging. Tension in the skin.

Aggravation. At night.

Vipera Redi.

Objective. Boils. Gangrenous blisters around the wound. Erysipelas. Reddish-black lentil-sized spots all over. Yellow spots on the red swollen limb. Gangrenous ulcers on the bitten parts, with swelling and lameness.

Vipera Torva.

Objective. Black blisters, with suppuration. Blisters, with red areola. Black crust on the wound. Erysipelas, with vomiting. Erysipelas on the inner surface of the arm and on the side. Gangrenous swelling. Shining swelling, with deeply penetrating suppuration, and covered with blue blisters. Large ulcers penetrating to the bone on the leg.

Zincum Metallicum.

Objective. Small boils on the arms. Blotch on the little toe. Chilblains on the hand, with much swelling. Eruption and redness on the chin. Erysipelas of the foot (tendo Achillis). Ganglia. Herpes on the back and hands. Neuralgia following herpes zoster. Small pimples on both shoulders, like boils. Small red pimples on

the scrotum, each formed around a hair. Red pimples on the chest and face. Rash in the bends of the knees and elbows. Rhagades and chapped hands, especially the left. Spots and little scabs on the back. Small, red, round spots on the hands and fingers. Red spots on the legs, with scurf. Rough herpetic spots on the hands. Scarlatina. Herpetic ulcers. Varices of the legs.

Subjective. Burning. Formication and tingling between the skin and the flesh. Itching. Violent lacerations. Great sensiveness to cold. Stinging.

Aggravation. In the evening. After the use and abuse of wine, Chamomile, and Nux vomica.

Accompaniments. Threatening paralysis of the brain; complete unconsciousness. Grating of the teeth. Jerking of the whole body, or twitching of single muscles or limbs. Shrill screams, with altered voice; can't speak any more. Breath short and quick, but no rattling. Occiput hot, forehead cold and covered with a cold sweat. Limbs icy cold, and whole body cool and bluish-red all over. Pulse threadlike. Involuntary discharges from the bladder and rectum.

Zincum Oxydatum.

Objective. Boil above the genitals, first red and then blue, with hard areola and yellow dirty pus, leaving for some time a hard red areola.

A P P E N D I X.

Elaps Corallinus.

Objective. Boils on the arm. Dark complexion. Desquamation from the tips of the fingers, soles of feet and heels. Crusty eruption on the ears and cheeks. Pimples on the legs. Pimples full of serum. Suppurating pim-

ples on the hands, fingers, and wrists. Red pimples on the finger tips. Miliary pimples on a red base at the corner of the nose. White pimples on the inside of the thighs, inflamed during the day. Phlyctænæ, especially on the extremities. Redness and rawness under the nails. Swelling and blue-red spots on the right arm and leg. Red spot on the knee-pan. Yellow spots on the hands and fingers. Furfuraceous tetter on the scalp. Red tetter from the corner of the right nostril to the cheek. Tetter in the axillæ. Vesicular eruption on the feet.

Subjective. Sensation as of excoriation. Itching. Pricking soreness.

Hura Brasiliensis.

Objective. Large blotches on the legs and right shoulder. Miliary eruption on the face and in the joints. Vesicular eruption all over, with red spots. Red and pale mottled face. Pimples all over; small, containing a fluid, on the right knee; large, formed around the roots of hairs on the legs; on the right cheek; red, on the shoulders and hips, leaving red spots behind; in the bend of the left elbow; on the forehead; small red, with white point in the centre, on the left cheek. Large red spots on the left cheek, forearm, and back of hand. Small red round spot on the tibia, with a red pimple in the centre.

Subjective. Itching and burning. Sensation as if the skin of the face were stretched too much.

Hydrocotyle Asiatica.*

Objective. Arabiæ elephantiasis. Small red dots on the eyelids and hands. Small red dots on the neck covered with whitish scales. Erythema of the face. Erythema and rash on the face, chest, back, arms, and thighs. Pustular eruption on the face. Erysipelatous redness.

* This pathogenesis was communicated to us by Dr. Swan, of New York City.

Vesicular eruption on the abdomen. *Lupus exedens*: abundant discharge of pus from varicose ulcers and old wounds, and in *lupus*. Nails misshapen and flattened out. Leprosy. Purple papulæ thickly set. Pemphigus. Small pustules on the chest. Pustules like small-pox. Redness of the vulva. The skin becomes softer and thinner and smoother, the epidermis peeling off in scales or crusts. The skin of the back becomes thickened. Leprous spots become brawny. Leprous spots, with white points on them. Yellow spots on the legs. Bright ear-shaped spot on the sole of the right foot, which easily indents. Disk-like spots, with very friable scaly borders. Tubercles on the hands and fingers. Suppurating ulcers on the nates and below the ankle.

Subjective. Universal heat, and sometimes insupportable itching. Very severe itching. Heat and shootings.

Accompaniments. Swelling of the glands and cellular tissue of the left groin, and around the left ankle. Profuse perspiration.

Kali Brom.

Objective. Acne on the face, neck, and shoulders. Crops of small boils on the face and trunk. Echthymatous eruptions. Erythematous swellings, especially of the nose. Moist eruptions. Syphilitic psoriasis. Papular rash on the face. Skin blue, cold, spotted, corrugated.

Subjective. Heat and itching.

REPERTORY.

NOSOLOGICAL.

Abscesses. Acon. Anath. muric. Ars. Asaf. Bell. Bry. Cham. Crotal. horr. HEP. Hyosc. Led. Lappa maj. Merc. sol. Mez. Nitr. ac. Phos. Phytol. dec. Puls. Rhus rad. Rhus tox. SIL. Sulph.

Acne Disseminata. Ars. Bell. Calc. c. Carbo veg. Hepar. Lach. Led. Natr. mur. Nitr. ac. Nux v. Nux jug. Phos. ac. Puls. Sab. Selen. Sulph.

Acne Punctata. Bell. Bry. Carbo veg. Dig. Dros. Eugen. Graph. Grat. Hepar. Lachnan. Natr. mur. Nitr. ac. Nux jug. Sabad. Sabin. Selen. Sep. Sulph. Sumb. Thuj.

Acne Rosacea. Ars. Aur. mur. Calc. c. Calc. phos. Cann. sat. Canth. Carbo an. Carbo veg. Carbol. ac. Caust. Cicut. Guar. trich. Kali brom. Kreas. Lach. Led. Mez. Rhus tox. Ruta. Sep. Verat. alb.

Adenitis. Acon. Alum. Anath. muric. Asaf. Aur sol. BADIAG. Bar. carb. Bar. mur. Bell. Bov. Calc. carb. Canth. Carbo an. Carbo veg. Cham. Cist. Coccul. Con. Dulc. Gran. Graph. Guar. trichl. HEP. Iod. Kali carb. Lappa maj. Lyc. Mang. c. MERC. PROTIOD. Merc. sol. Nitri. ac. Nux jug. Oleum jec. Plumb. met. Sabin. SIL. Spong. Staph. Sulph. Syphil.

Bedsore. ARN. Carbo veg. Chin. Fluor ac. Plumb. met. Puls. Sulph. ac.

Boils. Acon. Æth. Agar. Alum. Amm. carb.

Amm. mur. Anacard. Anath. muric. *Ant. crud.* *Apis.* Arg. met. Arn. Ars. Aur. mur. *Badiag.* Bar. carb. Bell. *Bellis peren.* Brom. Bry. Calc. c. Carbo an. Carbo veg. Chin. Coccul. Coloc. Cupr. ars. Elaps cor. Euphorb. Graph. Gratiol. Ham. *Hepar.* Hyosc. Ign. Indig. Iod. Kali brom. Kali hyd. Kali nit. Kreas. Lach. *Lappa maj.* Lauro. Led. *Lyc.* Magn. arc. Magn. carb. Magn. mur. Merc. corr. *Merc. sol.* Mez. Mur. ac. Nat. carb. *Nat. mur.* Nitr. *Nitr. ac.* Nux jug. Nux mos. Nux v. Petrol. *Phos.* Phos. ac. *Phytol.* Puls. Ratanh. Rhus rad. Rhus vene. Rhus tox. Sabin. Sec. Sep. *Sil.* Spong. Staph. Stram. *Sulph.* Sulph. ac. Tart. em. Thuj. Vip. r. Zinc. met. Zinc. oxy.

Burns. Acon. Agar. Alum. Ant. crud. Arn. Ars. Calc. c. Carbo veg. Carbur. Sulph. *Caust.* Cosmol. Euphorb. *Lach.* Magn. carb. Plumb. acet. Rhus tox. Ruta. SAPO DOMES. Sec. Semperv. tec. Stram. *Urtica.*

Cancer. Ambr. Ant. crud. *Apis.* Ars. Ars. iod. Asterias r. Aur. *Badiag.* Bar. c. Bell. Brom. Calc. c. Carbo an. Carbo veg. Carbol. ac. *Caust.* Cham. Chel. Chin. Clem. Con. Cundur. Galium. Graph. Guaco. *Hepar.* *Hydrast.* Kreas. *Lach.* *Lyc.* *Merc. sol.* Natr. mur. Nitr. ac. Nux v. *Phos.* Phytol. Rhus tox. Rumex. Sep. *Sil.* Squill. Staph. *Sulph.* Thuj. Zinc. met.

Carbuncle. Anthrac. *Apis.* Ars. Bell. Bry. Bufo. Canth. Carbo veg. Carbol. ac. Chin. Coloc. Electr. Kreas. *Lach.* Nitr. ac. Puls. Rhus tox. Sang. Sec. Sep. *Sil.* *Sulph.*

Chilblains. Agar. Ambr. *Ant. crud.* Arn. Ars. *Badiag.* Bell. Bry. Carbo an. Carbo veg. Cham. Chin. *Crocus.* Cycl. Granat. *Hepar.* Hyosc. Ign. Kali carb. Lach. *Lyc.* Magn. aus. Nitr. ac. Nux mos. Nux v. Opium. Petrol. *Phos.* Phos. ac. Puls. Rhus tox. Stann. *Sulph.* *Sulph. ac.* Thuj. Zinc. met.

Condylomata. Anath. muric. Arg. nit. Ars. Aur. mur. Bell. Calc. carb. CINNAB. Euphras. Lye. Merc. corr. Merc. sol. Magn. aus. Millef. Nitr. ac. Nux v. Phos. ac. Sabin. Sarsap. Staph. Sulph. THUJ.

Corns. Ambr. Agar. Alum. Amm. c. Ant. crud. Arn. Bar. c. Borax. Bov. Bry. Calc. c. Camph. Carbo an. Carbo veg. Caust. Coccul. Coloc. Con. Granat. Graph. Hep. Ign. Iod. Kali c. Lach. Lye. Magn. arc. Magn. aus. Magnes. mur. Mephit. Natr. c. Natr. mur. Nitr. ac. Nux v. Petrol. Phos. Phos. ac. Puls. Ranun. bulb. Ranun. seel. Rhodo. Rhus tox. Ruta. Semperv. tec. Sep. Sil. Spig. Staph. Sulph. Sulph. ac. Thuj. Verat. alb.

Crusta Lactea. Ars. Bar. c. Bell. CALC. c. Carbo veg. Cicuta. Dulc. GRAPH. Hep. Iris vers. Iod. LAPPA MAJ. Lye. Merc. sol. Mez. Natr. mur. Phos. Phos ac. Rhus tox. Sarsap. Sep. Sil. SULPH. Sulph. ac. Verat. alb. Viola tric.

Crusta Serpiginosa. Ars. Bar. c. Calc. c. Cicuta. Graph. Hep. Lye. Merc. sol. Rhus tox. Sarsap. Sulph.

Ecthyma. Ant. crud. Arg. nit. Ars. Borax. Cham. Kali bich. Kali brom. Lye. Merc. sol. Nitr. ac. Rhus tox. Sil. Staph. Sulph. Tart. em.

Erysipelas in general. Acon. Anath. muric. Anthrak. Ant. crud. APIS. Arg. nit. Arn. Ars. Bar. c. BELL. Borax. Bry. Bufo. Calc. acet. Calc. c. Camph. Canth. Carbo an. Carbo veg. Caust. Cham. Chin. Chin. sulf. Chloral. Clem. Commoc. dent. Crotal hor. Crot. tig. Cundur. Dulc. Euphor. Gelsem. Graph. Gymnocl. Hep. Hydras. Hydrocotyle. Hyosc. Iod. Ipec. Kali c. Lach. Lappa maj. Lye. Magn. c. Mang. Meph. Merc. sol. Mur. ac. Natr. c. Natr. mur. Nitr. ac. Petrol. Phos. Phos. ac. Plant. Plumb. met. Polygon. punct. Puls. Ranun. bulb. Rhus rad. RHUS TOX. Rhus vene. Ruta. Sabad. Samb. Sarsap.

Semperv. tec. Sep. Sil. Spong. Stann. Staph. Stram. Sulph. Tart. em. Thuj. Urtica. Verat. virid. Vip. r. Vip. t. Zinc met.

Erysipelas erraticum. Bell. Graph. Rhus tox.

Erysipelas, Phlegmonous. Bell. Graph. Hep. Lach. Puls. Rhus tox. Sulph.

Erysipelas, Vesicular. Apis. Bell. Canth. Cist. Graph. Hep. Lach. Rhus tox. Solan. mam.

Erythema. Acon. Arn. Ars. Ars. iod. Bell. Calc. c. Camph. Canth. Chloral. Crotal. hor. Crot. tig. Gelsen. Gins. Graph. Hydrocotyle. Juglans cin. Kali brom. Lach. Lyc. Merc. dul. Merc. sol. Plant. Puls. Puls. nutt. Rhus tox. Sulph. Sulph. ac. Tereb. Urtica. Verat. virid.

Eczema. Acon. Amm. c. Amm. mur. Ant. crud. Arg. nit. Ars. Aur. Bell. Borax. Brom. Bry. Calad. Calc. c. Canth. Carbo veg. Carbol. ac. Caust. Chin. Cicuta. Clem. Copai. Cosmol. Crot. tig. Cundur. Cycl. Dig. Dule. Graph. Hep. Hydrast. Iris vers. Juglans cin. Kali bich. Lach. Lappa maj. Led. Lyc. Merc. dul. Merc. sol. Mez. Nat. mur. Nitr. ac. Nux jug. Oleand. Petrol. Phos. Rhus rad. Rhus tox. Rhus vern. Sep. Sil. Staph. Sulph. Thuj.

Felons. Alum. Anthrac. Apis. Bar. c. Bellis peren. Bufo. Calc. c. Caust. Diosc. Graph. Hep. Iod. Lach. Led. Lyc. Magn. arc. Magn. aus. Merc. sol. Nat. mur. Nat. sulph. Paris quad. Phos. Rhus tox. Sep. Sil. Stram. Sulph.

Freckles. Amm. c. Ant. crud. Bry. Calc. c. Carbo veg. Con. Dros. Dule. Graph. Hyosc. Iod. Kali c. Kali caust. Lach. Lauro. Lyc. Merc. sol. Mez. Mur. ac. Nat. c. Nat. mur. Nitr. ac. Nux mos. Petrol. Phos. Plumb. met. Puls. Sep. Sil. Stann. Sulph. Tart. em. Thuj. Verat. alb.

Fungus Articulosus. Ant. crud. Ars. Aur. Clem. Con. Iod. Kreas. Lach. Petrol. Phos. Rhus tox. Sabin. Sil. Staph. Sulph.

Fungus Hæmatodes. Ars. Bell. Calc. c. Carbo an. Carbo veg. Clem. Kreas. Lach. Lyc. Merc. sol. Nitr. ac. Nux v. Phos. *Rhus tox.* Sang.? Sep. Sil. Staph. Sulph. Thuj.

Fungus Medullaris. Bell. Carbo an. Phos. Sil. Sulph. Thuj.

Ganglia. Amm. c. Arn. Aur. mur. Carbo veg. Phos. Phos. ac. Plumb. met. *Rhus tox.* Ruta. Sil. Sulph. Zinc met.

Gangrene. Acon. Anthrac. Apis. Ars. Asaf. Bell. Camph. Caps. Carbo veg. Canth. Chin. Chin. sulph. Con. Crotal. hor. Electr. Euphor. Hell. Hyosc. Kali nit. Lach. Merc. sol. Mur. ac. Opium. Phos. Plant. Plumb. acet. Plumb. met. Ranun. acris. Ranun. flam. Ranun. repens. *Rhus tox.* Sabin. Secale. Sil. Squill. Sulph. Sulph. ac. Tart. em. Vip. r. Vip. t.

Goitre. Amm. c. Bell. Brom. Calc. c. Caust. Hep. Iod. Kali hyd. Lyc. Nat. c. Nat. mur. Spig. Spong. Staph. Sulph.? Thuj.?

Herpes, in general. Acon. Agnus c. Alum. Alnus r. Ambr. Amm. c. Amm. mur. Anacard. Anath. muric. Anthrak. Ars. Aur. Aur. mur. Badiag. Bar. c. Bar. mur. Bell. Bov. Bry. Calc. c. Caps. Carbo veg. Carburet. sulph. Caust. Chel. Cicuta. Cist. Clem. Coloc. Con. Crotal. hor. Crot. tig. Cupr. met. Dolich. Dulc. Elaps cor. Euphras. Ginseng. Graph. Grat. Hep. Hell. Hyosc. Iod. Ipec. Kali c. Kali hyd. Kreas. Lach. Led. Lycoper. escul. Lyc. Mag. c. Mag. sulph. Magn. arc. Mangan. Menisper. Merc. corr. Merc. sol. Mez. Mosch. Mur. ac. Nat. c. Nat. mur. Nice. c. Nitr. ac. Nux jug. Nux v. Oleand. Oleum jec. Paris quad. Petrol. Phos. Phos. ac. Plumb. met. Psor. Ranun. bulb. *Rhus tox.* Sabad. Sarsap. Semperv. tec. Sep. Sil. Solan. mam. Spig. Stann. Staph. Sulph. Syphil. Tax. Tereb. Thuj. Verat alb. Zinc met.

Herpes Circinatus. Ars. Calc. c. Caust. Chloral. Clem. Graph. Hep. Magn. c. Merc. sol. Nat. c. Nat. mur. Semperv. tec. SEP. Sulph. Tell. Thuj. Zinc met.

Herpes Squamosus. Acon. Ars. Aur. Bell. Bry. Calc. c. Carbo veg. Caust. Cicuta. Clem. Con. Dule. Graph. Led. Lye. Merc. sol. Mur. ac. Nitr. ac. Nux jug. Oleand. Petrol. Phos. Rhus tox. Sulph. Zinc met.

Herpes Zona. Ars. Commoelad. dent. Cosmol. Graph. Merc. sol. Puls. Rhus tox. Sulph.

Ichthyosis. Ars.? Calc. c. Clem. Coloc. Graph. Hep. Lye. Petrol. Plumb. met. Sep. Sil. Sulph. Thuj.

Impetigo, in general. Alum. Alnus r. Amm. c. Ant. crud. Ars. Ars. iod. Bar. c. Bell. Calc. c. Carbo veg. Carbol. ac. Caust. Cicuta. Clem. Con. Crot. tig. Dule. Graph. Hep. Kali bich Kreas. Lach. Lye. Merc. sol. Nat. c. Nat. mur. Nitr. ac. Oleand. Phos. Phos. ac. Rhus tox. Sarsap. Sep. Sil. Staph. Sulph. Viola tric.

Impetigo Figurata. Ars. Calc. c. Clem. Dule. Graph. Lye. Rhus tox. Sulph.

Impetigo Rodens. Ars. Bell. Calc. c. Cicuta. Graph. Hep. Merc. sol. Nat. mur. Nitr. ac. Rhus tox. Sep. Sil. Staph. Sulph.

Impetigo Scabida. Dule. Lye. Sulph.

Impetigo Sparsa. Cicuta Lach Sulph.

Intertrigo. Acon. Arn. Ars. Borax. Carbo veg. Cham. Graph. Hep. Hydrast. Ign. Lach. Lye. Mangan. Merc. sol. Nux v. Oleand. Petrol. Phos. Phos. ac. Phytol. Puls. Rhus tox. Ruta. Sabin. Sep. Sil. Squill. Sulph. Sulph. ac. Syphil.

Lepra, in general. Alum. Amm. c. Ars. Ars. iod. Bar. c. Calc. c. Carbo an. Carbo veg. Carbol. ac. Caust. Coloc. Con. Cupr. acet. Cupr. met. Graph.

Hydrocotyle. Iod. Iris vers. Kali c. Lach. Lye. Magn. mur. Merc. sol. Natr. c. Nat. mur. Nitr. ac. Petrol. Phos. Sep. Sil. Still. sylv. Sulph. Zinc met.

Lepra Alba. Alum. Ars. Phos. Sep. Sil. Sulph.

Lichen Agrius. Calc. c. Cicuta. Con. Dule. Graph. Lye. Nitr. ac. Mur. ac. Rhus tox. Sulph.

Lichen Simplex. Acon. Ars. Bry. Coccul. Dule. Nux jug. Phytol. Puls. Staph. Sulph.

Lichen Strophulus. *Caust. Cicuta. Cham. Graph. Merc. sol. Rhus tox. Sulph.*

Lupus, in general. Agaric. Alum. Ant. crud. Ars. Bar. c. Bell. Calc. c. Carbol. ac. Carburet. sulph. Caust. Cicuta. Cist. Graph. Guaraco. Hep. Hydrocotyle. Kali c. Kali bich. Magn. arc. Nitr. ac. Phytol. Rhus tox. Sabin. Sep. Sil. Spong. Staph. Sulph.

Measles. *Acon. Anath. muric. Ars. Bell. Bry. Calc. c. Caps. Chel. Chin. Coff. Copaiv. Cupr. acet. Cupr. met. Dros. Dule. Electr. Euphras. Gelsem. Iod. Ipecac. Kali bich. Lach. Merc. sol. Nux v. Phos. Puls. Puls. nutt. Rhus tox. Stram. Sulph. Verat. alb. Verat. virid.*

Miliaria (rash). *Acon. Anath. muric. Amm. c. Ant. crud. Arn. Ars. Bell. Bry. Calad. Carbo veg. Caust. Cham. Chel. Clem. Cupr. met. Digit. Electr. Euphras. Ginseng. Graph. Hell. Hep. Hyosc. Ign. Ipec. Kali chl. Lach. Led. Merc. cor. Merc. sol. Mez. Nat. mur. Nitr. ac. Nux v. Phos. Phos. ac. Puls. Sarsap. Sec. Selen. Staph. Stram. Sulph. Sumb. Tabac. Tart. em. Tax. Verat. alb. Zinc met.*

Moles. *Calc. c. Carbo veg. Graph. Nitr. ac. Petrol. Phos. ac. Sil. Sulph. ac. Thuj.*

Nævi Materni. *Bell. Calc. c. Carbo veg. Cundur. Fluor. ac. Hep.? Lach. Lye. Millef.? Nux v. Phos. Sil.? Thuj.*

Nettlerash. Acon. Amm. c. Amm. mur. Anthrak. Ant. crud. Apis. Ars. Bar. c. Bell. Bry. Calc. c. Carbo an. Carbo veg. Caust. Chin. Chlor. Cicuta. Clem. Coccul. Con. Copaiv. Dule. Graph. Hep. Hyperic. Ign. Ipec. Kali c. Kreas. Lach. Led. Lye. Mag. c. Mag. sulph. Merc. sol. Mez. Nat. c. Nat. mur. Nitr. ac. Nux v. Petrol. Phos. Phos. ac. Psor. Puls. Puls. nutt. Rhus tox. Ruta. Sang. Sarsap. Sec. Sep. Selen. Sil. Staph. Stram. Sulph. Tar. Tart. em. Triost. Urtica. Verat. alb. Zinc met.

Pediculi. Ars. Carbol. ac. Chin. Merc. sol. Psor. Sulph.

Pemphigus. Acon. Ars. Bell. Calc. c. Canth. Caust. Chin. Dule. Gum. gut. Hep. Hydrocotyle. Juglans. cin. Lach. Merc. sol. Phos. Phos. ac. Ranun. bulb. Rhus tox. Sep. Sulph. Thuj.

Pityriasis. Agaric. Alum. Anacard. Ars. Ars. iod. Aur. Bry. Calc. c. Carbol. ac. Dule. Graph. Kreas. Lach. Led. Lye. Mag. c. Merc. sol. Nat. mur. Oleand. Petrol. Phos. Phytol. Ranun. bulb. Rhus tox. Sep. Sil. Staph. Sulph. Thuj.

Plica Polonica. Bar. c. Lye. Vinca min.

Porrijo. Alnus r. Iris vers. Sulph. Sumb.

Prurigo, in general. Alum. Ambr. Amm. c. Ant. crud. Ars. Bar. c. Bry. Calc. c. Carbo veg. Carbol. ac. Caust. Coccul. Con. Crot. tig. Dolich. Graph. Hep. Lye. Merc. sol. Nat. mur. Nitr. ac. Nux v. Oleand. Opium. Phos. Puls. Rhus tox. Sep. Sil. Sulph. Thuj. Zinc met.

Prurigo Formicans. Alum. Ambr. Amm. c. Bar. c. Calc. c. Carbo veg. Caust. Coccul. Con. Graph. Lye. Merc. sol. Nat. mur. Nitr. ac. Phos. Rhus tox. Sep. Sil. Sulph. Thuj.

Prurigo Mitis. Bry. Coccul. Nux v. Oleand. Opium. Puls. Rhus tox. Sil. Sulph.

Prurigo Senilis. *Ars. Merc. sol. Mez. Oleand.*

Psoriasis, in general. Alum. Ambr. Amm. c. *Ars. Ars. iod.* Aur. Bry. Calc. c. Carbol. ac. Clem. Coral r. Dule. Iris vers. Kali brom. Led. Lye. Mag. c. *Merc. sol.* Nitr. ac. Nuph. lutea. Petrol. Phos. Phos. ac. Phytol. Psor. Ranun. bulb. Rhus tox. Sarracen. purp. Sep. Sulph. Tell. Teuer.

Psoriasis Diffusa. *Ars. Calc. c. Cicuta.* Clem. Dule. Graph. *Lye.* Mur. ac. Rhus tox. *Sulph.*

Psoriasis Inveterata. Calc. c. Clem. Merc. sol. Petrol. Rhus tox. Sep. Sulph.

Purpura Hæmorrhagica. Arn. *Ars.* Bell. Berb. Bry. Chlor. Coccin. Hyosc. Iod. Kali hyd. *Lach.* Led. Nux v. *Phos.* Rhus tox. Ruta. Sec. Sil. Stram. Sulph. Sulph. ac.

Purpura Miliaris. Acon. Amm. c. Amm. mur. Arn. Bell. Coff. Dule. Sulph. Sulph. ac.

Purpura Senilis. *Ars.* Bar. c. Bry. Con. Lach. Opium. Rhus tox. Sec. Sulph. ac.

Roseola or Rubeola. Acon. Bell. Bry. Copaiv. Merc. sol. Nux v. Puls.

Rupia. Alum. *Ars.* Borax. Calc. c. Caust. *Cham.* Clem. Graph. Hep. Kali c. Merc. sol. Nat. c. Nitr. ac. Petrol. Rhus tox. Sep. *Sil.* Staph. *Sulph.*

Scabies. Ambr. Arg. nit. *Ars.* Bry. Carbo veg. Carbol. ac. Caust. Clem. Coloc. Cupr. met. Dule. Galvan. Grat. Graph. Harael. Hepar. Hydrocotyle. Kali hyd. Lach. Lye. Magn. arc. Merc. corr. Merc. sol. Mur. ac. Nat. c. Nat. mur. Nitr. ac. Oleand. Phos. ac. Psor. Rhus tox. Rumex. Selen. Sep. Squill. Staph. Sulph. Sulph. ac. Tart. em. Verat. alb.

Scald Head. Alum. *Ars.* Bar. c. Calc. c. Carbo veg. Cicuta. Clem. Dule. Graph. Hell. Hep. Iod. *Iris vers.* Jacea. Kali c. Kreas. *Lappa maj.* Lye. Merc. sol. *Mez.* Oleum jec. Oleand. Petrol. *Phos.*

Phytol. Psor. *Rhus tox.* Ruta. Sep. *Sil.* Staph. Sulph. Vinea min. Viol. tric.

Scarlatina. Acon. Ailanth. Amm. c. Amm. mur. *Anath. muric.* APIS. Arn. Ars. *Arum triph.* BELL. Bar. c. Bar. mur. Bry. Calc. c. Carbo veg. Carbol. ac. Caust. Cham. Chlor. *Coff.* Copaiv. Crocus. *Cupr. acct.* *Cupr. met.* Dule. Euphorb. Galvan. *Gelsem.* Hep. Hippom. Hydrocy. *Hydrast.* *Hyosc.* Iod Ipec. LACH. Led. *Lyc.* *Merc. protiod.* *Merc. sol.* *Mur. ac.* *Nitr. ac.* Nux mos. Nux v. Opium. *Phos.* *Phos. ac.* *Phytol.* RHUS TOX. Seneg. *Sil.* Stram. *Sulph.* Tereb. Verat. alb. *Verat. virid.* Zinc met.

Scrofulosis. Alnus r. Ampel. quin. Alum. Amm. c. Ars. Asaf. Asclep. tuber. *Aur.* *Aur. mur.* Bar. c. *Badiag.* Bell. Brom. Calc. c. Carbo an. Carbo veg. Ceras. virg. Cina. Cist. Con. Cundur. Dule. Ferr. met. *Graph.* Hep. Iod. Kreas. Lyc. Lach. Mag. c. *Merc. sol.* Mez. Mur. ac. Nat. c. Nat. mur. Nitr. ac. Nux jug. Nux mos. Nux v. Oleum jec. Petrol. Phos. Phos. ac. Puls. Rhus tox. Sep. *Sil.* Staph. Still. sylv. Sulph. Therid. Verat. alb.

Small-pox. Acon. Anath. muric. Apis. Ars. Bap. Bell. Camph. Carbol. ac. *Coff.* Cundur. Hydrast. Hyosc. Kali bich. *Merc. sol.* Phos. Phos. ac. Rhus tox. *Sarracen. purp.* Sulph. Syphil. *Tart. em.* *Thuj.* VARIOL. Verat. alb.

Styes. Alum. Ambr. Caust. Con. Dig. Ferr. *Graph.* Lyc. *Merc. sol.* Magn. aus. Meny. Nat. mur. Phos. ac. Puls. Rhus tox. Seneg. Sep. *Sil.* Staph. Stann. Sulph.

Syphilis. Ailanth. Alnus r. Anath. muric. Apoc. andros. Arg. nit. Asclep. tuber. *Aur.* *Badiag.* Guaco. Hep. Jacarand. Kali chl. Kali brom. Lach. Menisperm. *Merc. prot.* *Merc. sol.* *Nitr. ac.* Nux jug. Phytol. Still. Sylv. Sulph. Syphil. *Thuj.*

Tinea Tonsurans. Hep. Phytol. Sep. Sulp.

Tumors. Cystic. Bar. c. Brom. Calc. c. Caust. Graph. Hep. Nitr. ac. *Sil. Sulph.*

Ulcers, Cancerous. *Ambr.* Ant. crud. *Ars.* *Aur.* *Bell.* *Calc. c.* *Carbo an.* *Carbo veg.* Caust. Chel. Chin. *Clem.* Con. Hep. Kreas. *Lach.* *Merc. sol.* Nitr. ac. *Rhus tox.* *Sep.* *Sil.* *Squill.* Staph. Sulph. *Thuj.*

Ulcers in general. Acon. Ampel. quin. Amm. c. Amm. mur. Anath. muric. Angus. *Ant. crud.* *Ars.* *Ars. hydrarg.* *Asaf.* Asar. europ. *Aur.* *Aur. mur.* Balsam. Peru. Bar. c. Bar. mur. *Bell.* Borax. Bufo. Bry. *Calc. c.* Calc. phos. Canth. *Carbo veg.* Carbol. ac. Caust. Ceras. virg. *Cham.* *Chel.* Chin. *Chin. sulph.* Cicuta. Cinnab. *Cist.* *Clem.* Commocl. dent. Con. Coral. r. Crotal. hor. Cundur. *Cupr. met.* Dulc. Dros. Electr. *Euphorb.* Fluor. ac. Galvan. *Granat.* Graph. Guaco. Hydrocotyle. Hep. Hydrast. Hyosc. Ign. Iod. Jacarand. Jatroph. Kali bich. Kali c. Kreas. *Lach.* Lam. alb. *Lyc.* Mag. mur. Mangan. *Madar.* *Merc. acet.* *Merc. dul.* *Merc. sol.* Mez. Millef. Mur. ac. Nat. c. Nitr. *Nitr. ac.* Nux jug. Nux mos. *Nux v.* Oleand. Oleum jec. Opium. Paul. pinn. Petrol. *Phos.* *Phos. ac.* Phytol. Plat. Plumb. met. Polygon. hydrop. Polygon. punct. Psor. *Puls.* Ranun. acris. Ranun. bulb. Ranun. sceler. *Rhus tox.* *Ruta.* Sabin. Sang. *Sarsap.* Selen. Semperv. tec. *Sep.* *Sil.* *Staph.* Still. sylv. *Sulph.* Sulph. ac. Tart. em. Vip. r. Vip. t. *Thuj.* Zinc met.

Varicellæ. Acon. Ant. crud. *Ars.* *Asaf.* *Bell.* *Canth.* *Carbo veg.* Caust. Con. Cycl. *Ipec.* Led. *Merc. sol.* Nat. c. Nat. mur. Puls. *Rhus tox.* Sec. *Sep.* *Sil.* Sulph. Tart. em. *Thuj.* Verat. alb.

Varicellæ Conoides. Acon. Ant. crud. *Ars.* *Bell.* *Carbo veg.* *Ipec.* *Puls.* *Rhus tox.* *Sep.* Tart. em. *Thuj.*

Varices. Amm. c. Amm. mur. Ant. crud. Arn. Ars. Calc. c. Carbo veg. Caust. Ferr. acet. Fluor ac. Hep. Hydrocotyle. Lyc. Magn. aus. Millef. Nat. mur. Nux v. Puls. Sulph. Zinc met.

Warts. Amb. Amm. c. Amm. mur. Anath. muric. Ant. crud. Ars. Bar. c. Bell. Berb. Borax. Bov. Cale. c. Cale. caust. Carbo an. Carbo veg. Caust. Chel. Cinnab. Con. Cupr. Dule. Euphras. Ferr. met. Fluor. ac. Hep. Kali c. Kali caust. Lach. Lyc. Magn. aus. Nat. c. Nat. mur. Nitr. ac. Oxal. ac. Pallad. Petrol. Phos. Phos. ac. Plumb. met. Ruta. Sabin. Sang. Sarsap. Semperv. tec. Sep. Sil. Spong. Staph. Sulph. Sulph. ac. Thuj.

Wens. Nitr. ac. Phos. ac. Rhus tox.

Objective.

ABSCESSES IN THE HEAD. *Calc. & Lyc.*

ABSCESSES OF LACHRYMAL SAC. Bry. Nat. c. *Puls. Sil. Stann.*

ABSCESSES IN FACE. Anather. muric. Ars. *Bell. Bry. Hep. Lach. Merc. sol. Merc. protiod. Phytol. Sil. Sulph.*

ABSCESSES OF PAROTIDS (in general). Ars. *Lyc. Nitr. ac. Phos. Phytol. Sil.*

ABSCESSES OF PAROTIDS, RIGHT SIDE. *Bell.*

ABSCESSES OF PAROTIDS, LEFT SIDE. *Rhus tox.*

ABSCESSES IN AXILLARY DORSAL REGION. *Petr.*

ABSCESSES OF NAPE OF NECK. *Sil.*

ABSCESSES OF LEFT SIDE OF NECK. *Hyos.*

ABSCESSES OF BACK. *Lach.*

ABSCESSES OF LOINS. *Badiag. Hep. Nitr. ac. Sil. Staph.*

ABSCESSES, PSOAS. *China.*

ABSCESSES, ANTERIOR AXILLARY REGION. *Rhus tox.*

ABSCESSES OF MAMMÆ. *Acon. Bell. Bry. Cistus. Graph. Hep. Merc. sol. Phos. PHYTOL. SIL. SULPH.*

ABSCESSSES IN ABDOMINAL PARIETES. *Hep.* *Rhus tox.*
Sil.

ABSCESSSES ON ELBOW DISCHARGING REDDISH-BROWN PUS.
Crotal. hor.

ABSCESSSES OF THE THIGHS. *Sil.*

ABSCESSSES OF ANKLES. *Angust.* *Sil.*

ABSCESSSES ON DORSA OF FEET. *Sil.*

ABRASION ON Penis, changing to ulcer with hard edges,
and suppuration forming a scurf. *Nux jug.*

ACNE PUNCTATA ON NOSE. *Bell.* *Carbo veg.* *Dros.*
Graph. *Hep.* *Lachnan.* *Selen.* *Sulph.*

ACNE PUNCTATA ON THE FACE. *Dig.* *Dros.* *Nitr. ac.*
Sabin. *Selen.* *Sulph.*

ACNE ROSACEA ON FOREHEAD. *Rhus tox.*

ACNE ROSACEA ON FACE. *Ars.* *Ruta.* *Rhus tox.*

ADHESION OF THE SKIN (in general). *Arn.* *Chin.* *Par.*

ADHESIÓN OF SKIN WITH CARIES. *Arn.* *Asaf.* *Aur.*
Chin. *Hell.* *Merc. sol.* *Phos. ac.* *Puls.* *Ruta.* *Sabin.*
Sil. *Staph.*

BAND, RED, ON TIBIA, composed of rashlike risings.
Calc. c.

BAND, PURPLE, TWO INCHES WIDE, along each side of
spine. *Chlor. hyd.*

BITES OF INSECTS (in general). *Acon.* *Arn.* *Bell.*
Calad. *Kreas.* *Lach.* *Merc. sol.* *Seneg.* *Sep.* *Tarant.*

BITES OF VENOMOUS OR ENRAGED CREATURES. *Amm. c.*
Ars. *Bell.* *Caust.* *Hydroph.* *Lach.* *Opium.* *Puls.*
Seneg. *Tarant.*

BLACKNESS AND SWELLING OF LIPS. *Acon.* *Amm. c.*
Nitr. ac. *Spig.*

BLACKNESS AND SWELLING OF WHOLE SKIN. *Acon.*
Æth. *Amm. c.* *Arn.* *Ars.* *Aur.* *Bell.* *Carbo veg.*
Con. *Dig.* *Hep.* *Lach.* *Mang.* *Merc. sol.* *Nux v.*
Opium. *Phos.* *Phos. ac.* *Plumb. met.* *Puls.* *Samb.*
Sec. *Seneg.* *Sil.* *Sulph. ac.* *Verat. alb.*

BLACKNESS OF PORES OF SKIN ON NOSE. *Dros.* *Graph.*
Nitr. ac. *Selen.* *Sulph.* *Samb.*

BLACKNESS OF PORES OF SKIN ON FACE. Dig. Dros.
Nitr. ac. Sabin. Selen. *Sulph.* Samb.

BLEEDING FROM BLISTERS AND VESICLES. Graph.

BLEEDING FROM RHAGADES. *Merc. sol.* Nicc. *Petr.*
Puls. Sarsap. *Sulph.*

BLEEDING FROM OLD CICATRICES. Lach. Phos.

BLEEDING FROM ULCERS. Alum. Arn. Ars. Asaf.
Bell. Bov. *Carbo veg.* Caust. Con. Croc. Dros. *Hep.*
Hyos. Iod. *Kali c.* Kreas. Lach. *Lyc.* Magn. arc.
Merc. sol. *Merc. dulc.* Mez. Nat. mur. *Nitr. ac.* Phos.
Phos. ac. *Puls.* Rhus tox. Ruta. Sabin. Sec. Sep.
Sil. *Sulph.* *Sulph. ac.* Thuj. Zinc. met.

BLEEDING FROM ULCERS, especially at night. Amm.
mur. Ars. Asaf. Bell. *Carbo veg.* Caust. Con.
Hep. *Kali c.* Kreas. *Lyc.* *Merc. sol.* *Merc. dulc.*
Mez. Phos. *Puls.* Rhus tox. Rhus vern. Sep. *Sil.*
Sulph. Thuj. Zinc. met.

BLISTERS, BLOODY, ON ARMS. Sec.

BLISTERS, BLACKISH. Ars. Lach. *Nat. c.* *Petr.* Vip.
torv.

BLISTERS, BLACKISH, ON FEET. Ars.

BLISTERS, BLACKISH, WITH SUPPURATION. Vip. torv.

BLISTERS (in general). Amm. c. Ars. Borax. Caust.
Cham. Clem. Graph. *Hep.* *Kali c.* *Magn. c.* *Merc.*
sol. *Nat. c.* *Nitr. ac.* *Petr.* Sep. *Sil.* *Sulph.*

BLISTERS, SPREADING. Alum. Ars. Graph. *Hep.*
Nat. mur. Rhus tox.

BLISTERS CLOSE TOGETHER. Ranunc. scel. Rhus tox.
Verat. alb.

BLISTERS IN GROUPS. Rhus vern. *Sulph.*

BLISTERS ON NECK. Alum. *Magn. c.* Vip. r.

BLISTERS ON NAPE OF NECK. Caust. Graph. *Nat. c.*

BLISTERS ON SCAPULÆ. Amm. c. Ant. crud. Caust.
Cic. Lach. Vip. ved.

BLISTERS, DRY. Rhus tox.

BLISTERS ON EARS. Alum. Chin.

BLISTERS ON FACE (in general). Alum. Amm. c. Amm. mur. Ant. crud. Aur. fol. Bar. c. Bell. Bov. Bry. Canth. Carbo an. Caust. Cic. Clem. Crotal. hor. *Euphorb.* Graph. Hep. Indig. Lach. Magn. c. Mang. Nat. c. Nitr. ac. Ol. an. Petr. Phos. Rhus tox. Sep. Sil. Stront. Sulph. Valer. Zinc. met.

BLISTERS, BLOODY, ON FACE. Nat. mur.

BLISTERS, WATERY, ON FACE. Bov. Coloc.

BLISTERS ON FEET (in general). Ars. Caust. Con. Graph. Phos. Ranunc. rep. Selen. Sep. Tarax. Vip. torv. Zinc. met.

BLISTERS, BLACK, ON FEET. Ars. Nat. mur.

BLISTERS ON SOLES OF FEET. Ars. Sulph.

BLISTERS ON HEELS. Calc. c. Caust. Lach. Nat. c. Petr. Phos. Sep.

BLISTERS ON TOES. Graph. Lach. Nat. c. Nitr. ac. Phos. ac. Selen. Sulph.

BLISTERS, PHAGEDENIC, ON FEET. Con. Selen. Sulph. Zinc. met.

BLISTERS, PHAGEDENIC, ON HEELS. Caust. Nat. c. Sep. Sil.

BLISTERS, PHAGEDENIC, ON TOES. Ars. Graph. Nitr. ac. Petrol.

BLISTERS, WATERY, ON TOES. Phos. ac.

BLISTERS ON HEELS, changing to boils. Calc. c.

BLISTERS ON HEELS, changing to ulcers. Lam. alb. Sep.

BLISTERS UNDER FEET ; at night discharge light-yellow fetid water. Ars.

BLISTERS, FISTULOUS. Aur. fol. Calc. c. Petr.

BLISTERS, GANGRENOUS. Acon. Ars. Bell. Canth. Carbo veg. Hyos. Lach. Mur. ac. *Ranunc. bulb.* Ranunc. rep. Sabin. Sec. Vip. r.

BLISTERS ON HANDS. Amm. mur. Ant. crud. Ars. Bell. Bov. Canth. Caust. Clem. Cocc. Hep. Kali c. Kali chl. Kali hyd. Lach. Magn. c. Merc. sol. Mez.

Nat. mur. Phos. Ranunc. bulb. Rhus rad. *Rhus tox.*
Selen. Sep. Sil. Squill. Sulph.

BLISTERS ON WRIST. *Amm. mur.* Merc. sol. *Rhus tox.*

BLISTERS ON FINGERS. Bell. Clem. Cupr. met. Cycl.
 Electr. Graph. Grat. Hell. Hep. Kali c. Lach.
 Laur. Magn. c. Mang. Nat. c. Nat. mur. Nitr. ac.
 Phos. Phos. ac. Plumb. Ranunc. bulb. Rhus tox. Sar-
 sap. Sep.

BLISTERS ON FINGER-JOINTS. Cycl. Hell. Hep.

BLISTERS ON THUMBS. Hep. Lach. Nat. c. Nat. sulph.
 Phos. ac. Sep.

BLISTERS, PHAGEDENIC, ON HAND. Clem. Magn. c.

BLISTERS, PHAGEDENIC, ON FINGERS. Clem. Graph. Hep.
 Kali c. Magn. c. Nitr. ac. Sil. Sulph.

BLISTERS, PHAGEDENIC, ON THUMBS. Hep. Nitr. ac.

BLISTERS, PHAGEDENIC, ON WRISTS. Hep.

BLISTERS, TRANSPARENT, ON HANDS. Mang. Ranunc.
 bulb.

BLISTERS ON HANDS, filled with greenish sanguineous
 fluid. Electr.

BLISTERS ON LITTLE FINGER suppurate and discharge
 pus. Graph. Ranunc. bulb.

BLISTERS BETWEEN FINGERS and on lower limbs. Ra-
 nunc. bulb.

BLISTERS ON EDGE OF HANDS, where finger begins. Cocc.
 Ranunc. bulb.

BLISTERS, HARD, INDURATED. Lach. Phos. Phos. ac.
 Sil.

BLISTERS, HERPETIC. Amm. c. Ars. Bor. Caust.
 Clem. Graph. Hep. Kali c. Magn. c. Merc. sol. Nat. c.
 Nitr. ac. Petr. Sep. Sil. Sulph.

BLISTERS, SECRETING HUMOR. Electr. Hell. Hep.
 Lach. Mang. Merc. sol. Phos. Ranunc. bulb. Ra-
 nunc. sceler. Rhus tox. Sulph. Vip. torv.

BLISTERS ON TIPS. Alum. Amm. c. Amm. mur. Ars.
 Aur. fol. Bell. Bry. Canth. Carbo an. Carbo veg.

Caust. Cic. Clem. Con. Graph. Hell. *Hep.* Kali c. Lauro. Magn. c. Magn. mur. Mang. Merc. sol. Mez. Mur. ac. Nat. c. *Nat. mur.* Nat. sulph. Par. Phos. Plat. Rhodo. Rhus tox. Sarsap. Seneg. Sep. *Sil.* Staph. Sulph. *Urtica.* Val. Verat. alb. Zinc. met.

BLISTERS IN CORNERS OF MOUTH. Caust. Lauro. Mez. Seneg.

BLISTERS, BLOODY, ON LIPS. Nat. mur.

BLISTERS, BLOODY, IN AND ON NOSE. Sep.

BLISTERS, PALE-RED. Rhus tox.

BLISTERS PEEL OFF. *Bry.* Puls. Rhus tox.

BLISTERS, PUTRID. Vip. torv.

BLISTERS, RAISED (above surrounding skin). Merc. sol. Selen. Sulph.

BLISTERS, RED. Ant. crud. Cocc. Cycl. Crot. hor. Led. Mang. Nat. c. *Nat. mur.* Sil. Val.

BLISTERS WITH RED AREOLA. Cann. sat. Crot. hor. Kali c. Kalichl. Nat. c. Sabad. Sil. Sulph. Tabac. Vip. torv.

BLISTERS AFTER SCRATCHING. Amm. c. Ant. crud. Caust. Chin. Cycl. Hep. Lach. Mang. Nat. c. Nat. mur. Phos. Rhus tox. Sarsap. Spong.

BLISTERS, SCURFY. Bell. Hell. Nat. c. *Ranunc. bulb.* Sil. Sulph.

BLISTERS ON GENITALS (in general). Carbo veg. Caust. Graph. *Merc. sol.* *Nitr. ac.* *Phos. ac.* *Rhus tox.* Staph. Sulph. *Thuj.*

BLISTERS ON GLANS PENIS. Merc. sol. Phos. ac. Rhus tox. *Thuj.*

BLISTERS ON PREPUCE. Carbo veg. Caust. Graph. *Nitr. ac.*

BLISTERS ON LABIA. Graph. Staph. Sulph.

BLISTERS UNDER THE JAWS. Mur. ac.

BLISTERS ON FACE, as if caused by the sun's heat. *Clem.* Hep. Indig. Valer.

BLISTERS ON CHEST. Caust.

BLISTERS, TRANSPARENT (in general). Kali c. *Lach.*
Magn. c. Magn. mur. Mang. Merc. sol. *Ranunc. bulb.*

BLISTERS, ULCERATED. Calc. c. Caust. Graph. *Merc.*
sol. Nat. c. SULPH. Zinc. met.

BLISTERS AROUND ULCERS. Ars. Bell. Caust. Hep.
LACH. Magn. arc. Merc. sol. Nat. c. Petr. Phos.
Rhus tox. Sep.

BLISTERS CONTAINING WATER. Bell. Bov. Clem.
Graph. Magn. arc. Merc. sol. Nat. c. Plat. Plumb.
Rhus tox. *Rhus vern.* Sec. Sulph. Tab. Vip. red.
Zinc. met.

BLISTERS CONTAINING WATER on lips. Bell. Bov.
Clem. Merc. sol. Plat. *Rhus tox.* Zinc. met.

BLISTERS CONTAINING WATER on hands. Bell. *Cocc.*
Magn. arc. *Rhus vern.* Sarsap.

BLISTERS CONTAINING WATER on fingers. Cupr. met.
Magn. c. Nat. sulph. Plumb. met. Puls. *Rhus vern.*

BLISTERS, WHITE, in general. Amm. c. Berb. Cann.
sat. Caust. Clem. Electr. Graph. Hell. Hep. *Lach.*
Merc. sol. Mez. Nat. c. Phos. Sabad. Sulph. *Thuj.*

BLISTERS, YELLOW. Ant. crud. DULC. Crotal. hor.
Mur. ac. *Ranunc. bulb.* *Rhus tox.* Vip. torv.

BLISTERS, SMALL, above eyes. Crotal. hor.

BLISTERS, BROWN, SWELLING, AND DISCHARGE much cor-
rosive serum. Galvan.

BLISTERS, WHITE, DISCHARGE a white fluid, on lips, chin,
and neck. Hep.

BLISTER, FLAT, on knee, as if full of bile. Iod.

BLISTERS BREAK, and leave sore places. *Rhus tox.*

BLISTERS, WHITE, with red edges, on right knee. Sabad.

BLISTERS, LARGE, on right lower arm. Spong.

BLISTERS ON ANUS. Merc. corr. Sec. Sep.

BLISTERS ON ABDOMEN. Merc. corr.

BLISTERS ON STERNUM. Bell.

BLISTERS WITH WHITE EDGES (after burns). Bell. Clem. Caust.

BLISTER ON RIGHT SHOULDER, forming a scurf. Amm. mur.

BLISTERS, WITH BLACK SCURF AND ŒDEMA. Bell.

BLOTCHES (in general). Anac. *Ant. crud.* Arn. *Ars.* *Asaf.* Bar. c. *Bell.* Berb. *Bry.* Calc. c. Caps. Chel. Coff. Cocc. Con. *Crotal. hor.* Croc. Dulc. Electr. Hell. *Hep.* *Hyosc.* Ign. Kali c. Kreas. *Lach.* *Led.* Lye. *Magn. c.* *Mang.* *Merc. sol.* Nat. c. Nat. mur. Nitr. ac. *Nux v.* Op. *Petr.* Phos. Phos. ac. *Puls.* Rhus tox. *Rhus vern.* Ruta. Sabin. *Sarsap.* *Sec.* Selen. Sep. *Sil.* Spig. Squill. Staph. Stram. Sulph. Sulph. ac. Tart. e. Val. Verat. alb. Vip. torv.

BLOTCHES, BLOODY. Arn. Bellis peren. *Bry.* Con. Sec.

BLOTCHES ON FEET. Carbo veg. Nux jug. Sep. Sulph.

BLOTCHES, GANGRENOUS (Anthrax?). *Ars.* Bell. Caps. Electr. *Hyos.* *Lach.* Rhus tox. *Sec.* *Sil.* Tart. e. Vip. torv.

BLOTCHES, GRAY. Nitr. ac.

BLOTCHES, INFLAMED. *Hep.* *Mang.* *Merc. sol.* *Phos.* *Sil.*

BLOTCHES LIKE NETTLE-RASH. Berb. Kreas. *Lach.* *Magn. sulph.* Mez. *Sarsap.* Verat. alb.

BLOTCHES, RED. Arg. nit. Carbo veg. *Merc. sol.* Mur. ac. Morph. acet. Op. Phos. Rhodo. Spong. Urtica. Verat. alb.

BLOTCHES, WITH RED AREOLA. *Ant. crud.* Cocc. Dulc. Nat. c. Nat. mur. Nux jug. *Pedic. cap.* Phos. Rhus tox. Sep.

BLOTCHES, SOFT. *Ant. crud.* Bell. Carbo veg. *Lach.* Mez. *Petr.* Rhus tox. *Sil.*

BLOTCHES, WHITE, WITH RED AREOLA on limbs and face. *Ant. crud.* Carbo veg. *Lach.* Mez. *Petr.* Rhus tox. *Sil.* Thuj.

BLOTCH ON RIGHT KNEE like a mosquito bite. Ant. crud.

BLOTCHES ON HEAD. Anac. Bar. c. CALC. c. Carbo an. Hell. Kali c. *Lyc. Mez.* Nat. mur. Nux v. Puls. Phos. Phos. ac. Ruta. Sil.

BLOTCHES IN FRONT OF EARS. Bry.

BLOTCHES BEHIND EARS. Bry. CALC. c. Carbo an. Caust. Staph.

BLOTCHES ON EARS. Spong.

BLOTCHES ON NOSE. BELL. Iod.

BLOTCHES ON FACE. Alum. Ant. crud. Ars. Bar. c. Calc. c. Canth. Carbo veg. Chel. Cic. Con. Dig. Dulc. Graph. Hell. Hep. Iod. Kali c. Lach. Led. *Lyc.* Magn. arc. Magn. c. Magn. mur. Merc. sol. Nat. c. Nux v. Op. Puls. Rhus rad. Sep. Sulph. Viol. tr. Zinc. met.

BLOTCHES ON LIPS. Ars. Bar. c. Bell. Bry. Caust. Con. Hep. Kali hyd. Magn. arc. Magn. mur. Sep. Sil. Stront. Sulph.

BLOTCHES ON LOWER JAW. Stann. Staph.

BLOTCHES, RED AND SUPPURATING, on neck under the jaw. Lach. Nat. mur. Rhus rad.

BLOTCHES ON ABDOMEN. Merc. sol. Merc. viv. Nat. c.

BLOTCH AT LEFT OF ANUS. Stann.

BLOTCHES AT ANUS. Carbo veg. Ign. Ipec. Stann. Staph. Thuj.

BLOTCHES ALL AROUND ANUS. Staph. Thuj.

BLOTCH, LARGE, RED, with black pimple in centre, close to the rectum. Carbo veg.

BLOTCHES AT ANUS, like fig-warts. Aur. mur. *Cinnab.* Euphras. *Lyc.* Merc. corr. Merc. sol. Nitr. ac. Phos. ac. *Thuj.*

BLOTCHES ON GENITALS. Arn. Bell. Bov. Bry. Merc. viv. Nat. c. Sep.

BLOTCHES ON CHEST. Merc. viv. Nat. c. Pedic. cap. Sarsap.

BLOTCHES IN AXILLÆ. Bry. Mez. Petr.

BLOTCHES ON NECK. Graph. Nat. mur. Sarsap. Sep. Spong.

BLOTCHES ON NAPE OF NECK. Sil.

BLOTCHES, RED, ON RIGHT SIDE of neck. Mur. ac.

BLOTCHES ON NECK, as from heat. Sulph.

BLOTCHES ON BACK. Lach. Mez.

BLOTCHES ON ARMS. Mur. ac. *Nat. mur.*

BLOTCHES ON FOREARMS. Crotal. hor. Mez.

BLOTCHES ON UPPER ARMS. Berb.

BLOTCHES ON HANDS. Ars. Arg. nit. Carbo an. Indig. Kali chl. Merc. sol. Rhus tox. Rhus vern. Sep. Spig. Stram. Sulph. Urtica.

BLOTCHES ON WRISTS. Amm. mur. Carbo veg. Cocc.

BLOTCHES ON FINGERS. Acon. Ant. crud. Arg. nit. Ars. Berb. Caust. Cocc. Con. Lach. Led. Nat. c. Rhus tox. Verat. alb.

BLOTCHES, RED, ON BACK OF HAND and index finger, changing to yellow blister on red base. Arg. nit.

BLOTCHES, RED, LENTIL-SIZED, on hands. Sep.

BLOTCH, WHITE, WITH RED AREOLA on index finger. Nat. c.

BLOTCHES, RED, on fingers of right hand. Acon. Arg. nit.

BLOTCHES, HARD, ELEVATED, with watery vesicles on them, on hands. Rhus vern.

BLOTCHES DEEP UNDER SKIN, on palm of hands. Rhus vern.

BLOTCHES ON RING FINGER. Rhus tox.

BLOTCHES, RED, on backs of fingers. Verat. alb.

BLOTCHES, HARD, DRY, with red areola, on backs of fingers. Cocc. Rhus tox.

BLOTCH ON RIGHT SHOULDER. Hura bras.

BLOTCHES ON LEGS. Ant. crud. Arg. nit. Aur. fol. Carbo veg. Cocc. Hura bras. Kreas. Merc. sol. Nux jug. Petr. Phos. Rhod. Thuja.

BLOTCHES ON NATES. Ant. crud. Bry. Sarsap.

BLOTCHES ON THIGHS. Aur. fol. Carbo veg. Crotal. hor. Merc. viv. Rhod. Zinc. met.

BLOTCHES ON KNEES. Ant. crud. Sulph.

BLOTCHES ON CALVES of legs. Aur. fol. Carbo veg. Lach. Merc. sol. Petr. Phos. Thuj.

BLOTCHES ON FEET. Ant. crud. Kreas. Lye. Nux jug.

BLOTCHES ON TOES. Sulph. Zinc. met.

BLOTCHES ON CHIN. Bry. Carbo an. Euphorb. Hep. Mag. mur. Oleand.

BLOTCHES ON EYELIDS. Aur. fol. Bry. Calc. c. Rannunc. seclr. Staph. Thuj.

BLOTCHES, HARD. Amm. c. Amm. mur. Ant. crud. Bov. Bry. Con. Lach. Magn. c. Magn. sulph. Nat. mur. Phos. Rhus tox. Valer.

BLOTCHES, HARD, ON BACK. Ant. crud. Phos. Zinc. met.

BLOTCHES SECRETING HUMOR. Nitr. ac. Selen.

BLOTCHES, INFLAMED. Amm. mur. Rhus tox.

BLOTCHES, INVETERATE, MALIGNANT. Ars.

BLOTCHES LIKE NETTLE-RASH. Berb. Kreas. Lach. Sarsap. Verat. alb.

BLOTCHES AFTER SCRATCHING. Lach. Lye. Merc. sol. Nat. c. Nitr. ac. Op. Rhustox. Spig. Verat. Zinc. met.

BLOTCHES ON GLANS PENIS. Bell.

BLOTCHES ON SCROTUM. Arn.

BLOTCHES ON PREPUCE. Sep.

BLOTCHES, WATERY. Graph. Magn. c.

BLOTCHES, WHITISH. Dulc. Sulph. Val.

BLOTCHES, YELLOW. Ant. crud. Sulph.

BLOTCHES BLEEDING when scratched. Cocc. Kali c. Nitr. ac.

BLOTCHES, COLD. Bell.

BLOTCHES, LARGE, INDURATED, and deep under skin. Amm. mur. Phos.

BLOTCHES, INFLAMED, with brown-red scurf, and swelling of the parts. Amm. mur.

BLOTCHES LIKE STING OF INSECTS. Ant. crud. Kreas. Tarant.

BLOTCHES LIKE STING OF INSECTS, especially on face and joints of the extremities. Ant. crud. Kreas.

BLOTCHES ON LOWER LIMBS at night. Arg. nit.

BLOTCHES, LENTIL-SIZED, COLORLESS. Ars.

BLOTCHES, HARD, DRY, with red areola on limbs. Cocc. Nux jug. Phos.

BLOTCHES CONTAINING NO FLUID, with red areola. Cocc.

BLOTCHES ON LEG below knee, changing to thick, hard nodules when rubbed. Aur. fol.

BLOTCHES LARGE AND SMALL, of dingy-yellow color, on calves of legs. Aur. fol. Carbo veg.

BLOTCHES SMALL AND DRY on instep, especially the left, forming a hard scab, and leaving a hard blue-red spot. Nux jug.

BLOTCH, WHITE, on chest above left breast. Pedic. cap.

BLOTCHES ON EDGE OF TIBIA. Phos.

BLOTCHES, BROWNISH AND BLuish. Phos.

BLOTCHES, RED AND RAISED ("Hives"?). Urtica.

BLOTCHES ON CHEEKS and corners of mouth. Kali hyd.

BLOTCHES, RED, AND GROWING TO ABSCESSSES (boils?), with red areola. Kali hyd.

BLOTCHES, CONICAL, red or skin color, more easily felt than seen. Chloral. Morph. acet.

BLOTCHES, ROSE-COLORED, in leprous patients. Nat. c. Sil.

BLOTCHES ON RIGHT FOREARM, size of small peas, hard after scratching. Mez.

BLOTCHES, SMALL, FLAT, light-red, on chest and genitals. Merc. viv.

BLOTCHES, SMALL, FLAT, light-red, on thighs. Merc. viv. Rhod.

BLOTCHES, WHITE, on calves of legs. Thuja.

BLUENESS OF SKIN (in general). Acon. Amm. c. Ang. Arn. Ars. Aur. fol. Bell. Bry. Calc. c. *Camph.* *Carbo veg.* Cocc. Con. *Crotal. hor.* *Cupr. met.* *Dig. Lach.* Led. Merc. sol. Nat. mur. *Nux v.* Op. Phos. Phos. ac. Plumb. met. Puls. Rhus tox. Samb. Sec. Sil. Spong. Sulph. ac. Thuj. *Verat. alb.* *Vip. red.* *Vip. torv.*

BLUENESS OF ALÆ NASI. Hydroc.

BLUE LIPS. Agar. Alum. Ang. Ars. Berb. Calc. c. Caust. Cin. Con. *Cupr. Dig.* *Lyc.* Merc. sol. Op. Phos. Stram. *Verat. alb.* *Vip. red.*

BLUE CLAVICLES (region of). Thuj.

BLUE ARMS. Plat. Sep.

BLUE HANDS. Acon. Amm. c. Cocc. Lach. *Nux v.* Spong. Zinc met.

BLUE LEGS. Bism. Con.

BLUE FEET. Lach. *Vip. torv.*

BLUE (swelling of) GLANDS. Arn. Ars. Aur. fol. Carbo an. Carbo veg. Con. Ferr. iod. Hep. Lach. Mang. Merc. protiod. Merc. sol. Puls. Sil. Sulph.

BOILS in general. Acon. Alum. Amm. c. Amm. mur. Anac. Ant. crud. Arn. Ars. Aur. fol. Bar. c. Bell. Bry. Calc. c. Carbo an. Carbo veg. Chin. Cocc. Euphorb. Graph. Grat. Ham. Hep. Hyos. Ign. Kreas. Lach. Laur. Led. Lyc. Magn. arc. Magn. mur. Merc. sol. Mez. Mur. ac. Nat. c. Nat. mur. Nitr. ac. *Nux mos.* *Nux v.* Petrol. Phos. Phos. ac. Puls. Rhus tox. Sec. Sep. Sil. Spong. Staphis. Stram. Sulph. Sulph. ac. Tart. e. Thuj. *Vip. red.* Zinc. met.

BOILS, LARGE. Apis. Hep. Hyos. Lach. Lyc. Merc. sol. Nat. c. NITR. AC. Phos.

BOILS, SMALL. ARN. Bar. c. Grat. Lyc. Magn. c. Magn. mur. Nat. mur. *Nux v.* Sulph, Zinc. met.

BOILS, PERIODICALLY RECURRING. Hyos. Lyc. Nitr. ac. *Nux v.* Phos. Phytol. Sil. Staph. Sulph.

BOILS, FURUNCULOUS ERUPTION. Iod.

BOILS, SMALL, all over, after measles. Bell.

BOILS, SMALL, on neck and face ; on head, back, and chest, of various sizes. Kali hyd.

BOILS MATURE SLOWLY. Hep. Sulph.

BOILS VERY INFLAMED AND PAINFUL. Bell. Merc. sol.

BOILS ON HEAD. Bar. c. Bell. Calc. c. Cin. Kali brom. Kali c. Led. Magn. mur. Mur. ac. Nat. brom. Nitr. ac. Rhus tox.

BOILS ON FOREHEAD. Amm. mur. Led. Phos.

BOIL ON FOREHEAD where hair begins to grow. Bell.
Calc. c.

BOIL ON FOREHEAD above left eye. Nat. mur.

BOILS ON FOREHEAD, LARGE. Magn. c.

BOILS ON FOREHEAD, SMALL. Phos.

BOILS ON RIGHT TEMPLE. Mur. ac.

BOILS ON EYELIDS. Lappa maj.

BOILS ON EARS. Sil. Sulph.

BOILS IN FRONT OF EARS. Carbo veg.

BOILS OVER EARS. Alum.

BOILS BEHIND EARS. Nat. c. Phytol.

BOILS BEHIND RIGHT EAR. Phytol.

BOILS AROUND EARS. Amm. c.

BOILS, LARGE, ON HELIX OF EAR. Sulph.

BOILS IN EARS. Electr. Puls. Sulph.

BOILS IN EXTERNAL MEATUS. Puls. Sulph.

BOILS ON NOSE. Alum. Amm. c. Carbo an. Magn. mur.

BOILS ON TIP OF NOSE. Acon. Amm. c. Apis.

BOILS IN NOSE. Alum. Amm. c. Carbo an. Sil.

BOILS ON NOSE, suppurating speedily. Magn. mur.

BOIL, OR FURUNCULOUS PUSTULE, on right side of nose, in front of septum. Amm. c.

BOIL, OR FURUNCULOUS PUSTULE, in depression in outer side of right wing of nose. Con.

BOIL, OR FURUNCULOUS PIMPLE, in right nostril. Phos.

BOILS ON FACE. Alum. Amm. c. Anath. muric. Arn. Bar. c. Bell. Brom. Bry. Calc. c. Carbo veg. Coloc. Chin. Cina. Iris vers. Kali brom. Kali hyd. Lappa maj. Lauro. LED. Mez. Mur. ac. Nat. c Nat. mur. Nitr. ac. Rhus rad. Sil.

BOILS ON FACE, which do *not* mature. Rhus rad.

BOILS ON FACES AND HEADS of children. Cina.

BOILS ON FACE AND CHEEKS. Alum. Amm. c. Chin. Mez.

BOILS ON FACE AND LEFT CHEEK. Alum. Amm. c.

BOILS ON CHEEK NEAR NOSE, large. Sil.

BOILS AT CORNERS OF MOUTH. Amm. c.

BOILS ON LOWER LIP. Petr.

BOILS OVER UPPER LIP. Nat. c.

BOIL ON RIGHT SIDE of lips. Alum.

BOIL, LARGE, TUBERCULAR, on left side of lips. Ratanh.

BOILS ON CHIN. Amm. c. Hep. Nitr. ac. Sil.

BOIL ON SIDE of chin. Nitr. ac.

BOILS OVER CHIN. Nat. c.

BOIL, OR FURUNCULOUS PUSTULE, on chin, leaving a red spot. Magn. c.

BOIL UNDER JAW. Carbo veg. Sep.

BOILS ON NECK. Amm. c. Bellis peren. Chin. Coloc. Graph. Indig. Kali hyd. Magn. c. Nat. mur. Nitr. ac. Rhus venen. Sep.

BOILS ON NAPE OF NECK. Electr. Nitr. ac. Phos. Sil.

BOILS ON NECK, SMALL. Graph.

BOILS IN AXILLA. Borax. Caust. Fluor. ac. Lyc. PHOS. AC. Sulph. ac.

BOILS IN LEFT AXILLA. Lyc.

BOILS ON BACK. Acon. Caust. Coloc. Electr. Graph. Iris vers. Kali hyd. Mur. ac. Phytol. Sulph. ac. Thuj. Zinc. met.

BOILS, SMALL, ON BACK. Caust. Graph. Mur. ac.

BOILS ON RIGHT SIDE OF BACK. Phytol.

BOILS ON SMALL OF BACK. Æth. Mur. ac. Thuj.

BOILS IN SCAPULAR REGION. Amm. c. Bell. Iod. Led. Lye. Nitr. ac. Nux jug. Zinc. met.

BOILS, LARGE, ON SCAPULA. Nitr. ac.

BOILS ON NATES. ACON. Agar. Alum? Aur. mur. Bar. c. Graph. Hep. Indig. Lycop. Nitr. ac. Phos. ac.

BOIL BETWEEN SCAPULÆ, with gangrene of legs. Iod.

BOILS, TWO, ON ONE OF NATES. Hep.

BOILS ON CHEST. Amm. Cham. Chin. Hep. Magn. c. Phos.

BOILS, LARGE, ON CHEST. Phos.

BOILS, SMALL, ON CHEST. Amm. c.

BOILS ON RIGHT SIDE OF CHEST. Amm. c. Chin. Kali hyd.

BOILS OVER PECTORALIS MUSCLES. Cham. Chin.

BOILS OVER FALSE RIBS. Magn. mur.

BOIL BELOW LAST RIB, LEFT SIDE. Arg. fol.

BOILS ON ABDOMEN. Amm. mur. Phos. Zinc. ox.

BOIL ON RIGHT SIDE OF ABDOMEN. Amm. mur.

BOIL ON ABDOMEN above genitals turns dark-blue. Zinc. ox.

BOILS ON PUBES. Apis. Copaiv. Zinc. ox.

BOIL ON PERINEUM. Ant. crud.

BOIL AT ANUS. Carbo an.

BOILS ON SHOULDERS. Amm. c. Bell. Nitr. ac. Nux jug. Phos. ac.

BOILS, SMALL, ON LEFT SHOULDER. Amm. c. Bell.

BOILS ON RIGHT SHOULDER. Kali nit. Phos. ac.

BOILS ON ARMS. Amm. c. Brom. Calc. c. Carbo an. Carbo veg. Elaps. cor. Graph. Iod. Lye. Magn. mur. Mez. Nux jug. Petr. Phos. ac. Rhus vene. Sil. Zinc. met.

BOILS, SMALL, ON ARMS. Graph.

BOILS, FOUR OR FIVE LARGE, one below elbow on lower side of arm. Bell.

BOIL ON RIGHT BICEPS. Nux jug.

BOIL ON POSTERIOR SURFACE RIGHT UPPER ARM. Iod.

BOILS ON LEFT UPPER ARM. Mez. Zinc. met.

BOILS ON UPPER ARM. Carbo veg. Iod. Mez. Nux jug. Zinc. met.

BOILS, MANY LARGE AND SMALL, ON ARMS. Sil.

BOILS, SYPHILITIC, ON ARMS. Iris vers.

BOILS ON FOREARMS. Calc. c. Lyc. Magn. mur. Petr.

BOIL ON UPPER ARM, with pimples all around it. Carbo veg.

BOILS ON HANDS. Calc. c. Iris vers. Lach. Led. Lyc.

BOIL ON BACK OF LEFT HAND. Calc. c.

BOILS, SMALL, IMMATURE, with erysipelatous inflammation of whole back of hand. Rhus rad.

BOILS ON FINGERS. Calc. c. Lach. Sil.

BOILS ON FINGER-JOINTS AND BACKS of fingers. Calc. c.

BOIL ON MIDDLE FINGER OF LEFT HAND. Iris vers.

BOIL ON THUMB. Nitrum.

BOIL ON LOWER PART OF THUMB. Kali nit.

BOILS ON HIPS. Alum. Amm. c. Bar. c. Graph. Hep. Lyc. Nitr. ac. Nux jug. Phos. ac. Ratanh. Sabin.

BOILS ON RIGHT HIP ESPECIALLY. Alum. Amm. c. Nitr. ac.

BOILS ON THIGHS. Alum. Amm. c.? Aur. mur. Calc. c. Clem. Coccul. Hyos. Ign. Lach. Lyc. Magn. c. Nitr. ac. Nux jug. NUX vom. PETR. Phos. Phos. ac. Rhus vene. Sep. SIL.

BOILS ON RIGHT THIGH. Nux jug. Rhus vene.

BOILS ON INNER SURFACE OF THIGH. Ign. Coccul.

BOIL ON POSTERIOR SURFACE OF THIGH. Sep. Sil.

BOILS ON THIGH above knees. Lyc.

BOILS ON KNEES. Nat mur. NUX v.

BOILS ON LEGS. Calc. c. Magn. c. Nitr. ac. Nux vom. Petr. Sil.

BOILS ON CALVES OF LEGS. SIL.

BOILS ON ANKLES. Merc. sol.

BOILS ON FEET. Calc. c. Led. Sil. STRAM.

BOILS ON SOLE OF RIGHT FOOT. Ratanh.

BOIL ON HEEL. Calc. c.

BOILS ON SCROTUM. Cupr. ars. Zinc. ox.

BOILS, SMALL, on forehead, neck, chest, and thighs.

Magn. c.

BOILS, SMALL, on nape of neck, chest, thighs, and forehead. Phos.

BOILS, SMALL AND INDURATED, on cheek and chin, and at corners of mouth ; emit water and blood. Amm. c.

BOILS, INDURATED, with profuse, thick, bloody suppuration. Nux jug.

BRUISES in general. Arn. Badiag. Bellis peren. Cic. Con. Croc. Euphras. Hep. Iod. Mez. Petr. Phos. Polygon. punct. Puls. Ruta. Sulph. Sulph. ac. Verb. hast.

BRUISES, WITH EXTRAVASATION. Arn. Bry. Bellis peren. Con. Crotal. hor. Dulc. Hep. Lach. Nux v. Puls. Rhus tox. Sulph. Sulph. ac. Verb. hast.

BULLÆ, LARGE, RED, on right buttock. Ant. crud.

BULLÆ, HARD, size of a pea, on a red base on lower arm. Sil.

BULLÆ, HARD, on ball of thumb. Phos. ac.

BURNS, INFLAMED, SWOLLEN, GANGRENOUS, covered with yellow ichorous vesicles. Plumb. met. Urtica ur.

BURNS, with swelling, œdema, and small, transparent, confluent vesicles filled with serum. Urtica ur.

CARBUNCLES, during ulceration. Sil.

CARBUNCLES, bluish-purple ; cannot bear any bandage on the parts, especially on neck. Lach.

CARBUNCLES dark red and of fetid odor. Carbo veg.

CHILBLAINS blue-red, with swelling. Arn. Bell. Kali c. Puls. Zinc. met.

CHILBLAINS, with bleeding rhagades. Nux v. Petr. Puls.

CHILBLAINS, red and thick. Kali c. Sulph.

CHILBLAINS, OLD, inflame and suppurate. Lach. Sulph.

CHILBLAINS, inflamed. Ars. Bell. Cham. Hep. Lach. Lyc. *Nitr. ac.* Petr. Phos. *Puls.* Rhus tox. Staph. Sulph.

CHILBLAINS, RED. *Agar.* Ambr. *Ant. crud.* Arn. Ars. Aur. fol. *Bell.* Berb. Borax. *Bry.* Carbo an. Carbo veg. *Cham.* Chin. Cocc. *Colch.* Croc. *Cycl.* *Hep.* *Hyosc.* Kali c. Lyc. Magn. arc. Magn. aus. *Nitr. ac.* Nux mos. *Nux v.* Petr. Phos. *Phos. ac.* *Puls.* Ratanh. *Rhus tox.* Ruta. Sep. Spig. Stann. *Staph.* *Sulph.* *Sulph. ac.* *Thuj.* Zinc. met.

CHILBLAINS, with blotches after scratching. Rhus tox.

CHILBLAINS on hands. *Nitr. ac.* Stann. *Zinc. met.*

CHILBLAINS on fingers. Carbo an. Lyc. Petr. *Puls.* *Sulph.* *Sulph. ac.*

CHILBLAINS on feet and toes. *Agar.* *Ant. crud.* Hep. Kali c. *Nitr. ac.* *Nux v.* Petr. Phos. Rhus tox. *Sulph.* *Thuj.*

CHILBLAINS, especially on big toe. *Nitr. ac.*

CICATRICES, OLD, break open. Carbo veg. Crotal. hor. Lach. Sil.

CICATRICES bleed. Lach. Phos.

CICATRICES turn red. Lach. *Merc. sol.* Nat. mur.

CONTRACTION of skin all over. Cupr. met.

CORNS, HORNY. *Ant. crud.* Graph. Ranunc. seclr. Sulph.

CORNS, INFLAMED. Lyc. *Puls.* Rhus tox. SEP. Sil. SULPH.

CORNS, especially on left foot. Verat. alb.

CRACK, small, on index finger, inflamed, and a blister on the sore spot. Sil.

CRACKS in nipples, fingers, and hands. Balsam. Peru.

CRUSTS, humid, on scalp and arms. Alum. Bar. c.

CRUSTS formed about arms. Berb.

CRUSTS, thick, humid, becoming dry and black, with red, humid, dilated, yellow margins. Chin. Sulph.

- CRUSTS, BLACK. *Bell.* Chin. Sulph. Vip. torv.
- CRUSTS, BLEEDING. Merc. sol. Mez.
- CRUSTS, BROWN. Amm. mur. Ant. crud. Berb.
- CRUSTS, DRY. Ars. Ars. iod. AUR. FOL. AUR. MUR.
Bar. c. Calc. c. Chin. Sulph. Graph. Lach. Led.
 Merc. sol. *Sulph.* Thuj.
- CRUSTS, FETID. Graph. Lyc. *Merc. sol.* Plumb. met.
Psor. Staph. SULPH.
- CRUSTS, GRAY. Ars. Lyc.? Merc. sol.
- CRUSTS, GREENISH. Calc. c. Puls.?
- CRUSTS, HERPETIC. Bov. CALC. c. *Clem. Con.*
 Graph. Lach. Lyc. *Ranunc. scelr. Sep. Sulph.*
- CRUSTS, HORNY. Graph. Ranunc. scelr.
- CRUSTS, DAMP, HUMID. Alum. Ars. BAR. c. CALC.
 c. Chin. sulph. Cic. *Clem.* GRAPH. HELL. *Hep.*
 LYC. MERC. SOL. MEZ. *Oleand.* Plumb. met. Ranunc.
 scelr. *Rhus tox. Ruta. Sep. Sil. STAPH. SULPH.*
- CRUSTS, RAISED. Sabin.
- CRUSTS, RED-BROWN. Amm. mur.
- CRUSTS, SUPPURATING. Ars. Plumb. met. Sil. *Sulph.*
- CRUSTS, YELLOW. Ant. crud. Aur. fol. Aur. mur.
Cic. Iod. Kreas. Merc. sol. Mez.
- CRUSTS ON HEAD. Alum. Ars. *Ars. iod.* Bar. c.
 CALC. c. *Carbo an.* Chel. Electr. Ferr. met. GRAPH.
 Hell. Kali c. Magn. c. MERC. SOL. Mur. ac. NAT.
 MUR. Nitr. ac. *Oleand.* Paris. Petr. Phos. RHUS
 TOX. Ruta. Sil. Sulph.
- CRUSTS ON EYELIDS. Graph. Sep.
- CRUSTS ON EARS. Bov. *Graph.* Hep. Iod. *Lach.*
Lyc. Mur. ac. Puls. Sarsap. Spong.
- CRUSTS BEHIND EARS. *Graph. Hep. Lyc. Puls.*
Staph.
- CRUSTS ON NOSE. Ant. crud. Bar. c. Bell. Bov.
Carbo an. Carbo veg. Crot. Nat. mur. Nitr. ac. Petr.
Phos. ac. Ratanh. Rhus tox. Sep. Staph. Sulph.
- CRUSTS ON TIP OF NOSE. *Carbo an. Carbo veg. Sep.*

CRUSTS ON FACE. Alum. Ant. crud. ARS. BAR. c. BELL. Bry. CALC. c. Carbo veg. COCC. Coloc. *Dulc.* GRAPH. Hep. Ign. LACH. *Lyc.* *Merc. sol.* Mur. ac. Nitr. ac. Petr. Phos. *Phos. ac.* Sarsap. SEP. Sil. Staph. Sulph. Thuj. Viol. tr. Zinc. met.

CRUSTS ON CHIN. Sep.

CRUSTS ON GENITALS. Caust. NITR. AC. Thuj.

CRUSTS ON NIPPLES. *Lyc.*

CRUSTS ON BACK. Graph. Nat. mur.

CRUSTS IN AXILLA. *Nat. mur.*

CRUSTS ON NAPE OF NECK. Bell.

CRUSTS ON ELBOWS. *Sep.*

CRUSTS ON FOREARM. *Alum.*

CRUSTS ON HANDS. Sarsap. Sep.

CRUSTS ON FINGERS. Anac.

CRUSTS ON LOWER LIMBS. Ars. Calc. c. *Sabin.* Staph. Zinc. met.

CRUSTS ON FEET. *Sil.*

DAMPNESS, HUMOR, ON EARS. CALC. c. *Lyc.*

DAMPNESS, HUMOR, BEHIND EARS. Amm. c. CALC. c. Carbo veg. Caust. *Graph.* Hep. Kali c. *Lyc.* Nitr. ac. *Oleand.* Petr. *Phos.* *Sil.*

DAMPNESS, HUMOR, ON EDGES OF EARS. *Sil.*

DAMPNESS, HUMOR, ON GENITALS. Calc. c. *Cann. sat.* Carbo veg. *Hep.* *Lyc.* Nat. mur. Nitr. ac. PETR. *Sep.* *Staph.* Sulph. THUJ.

DAMPNESS, HUMOR, ON GLANS PENIS. *Cann. sat.* Cinnab. *Lyc.* *Merc. sol.* Mez. Nat. mur. Nitr. ac. Sep. Staph. Thuj.

DAMPNESS, HUMOR, ON SCROTUM. Carbo veg. PETR. Sulph.

DAMPNESS, HUMOR, between pudendum and thighs. Calc. *Hep.*

DAMPNESS, HUMOR, ON MONS VENERIS. Sulph.

DAMPNESS, HUMOR, ON PREPUCE. Nitr. ac.

DAMPNESS, HUMOR, IN AXILLA. Carbo veg. Sulph.

DAMPNESS, HUMOR, on scapulæ. Lach.

DAMPNESS, HUMOR, on sacrum. Graph. Led.

DAMPNESS, HUMOR, between thighs. Hep. Sulph.

DAMPNESS, HUMOR, on feet. Mez. Selen.

DANDRUFF accumulating evenly over the scalp, which is smooth and seems thickened. Calc. c.

DANDRUFF, with transparent gelatinous discharge. Graph.

DANDRUFF, smelling badly. Lye.

DANDRUFF in circles like ringworm. Sep.

DESQUAMATION (in general). Acon. Agar. Alum. Amm. c. Amm. mur. Ars. Ars. iod. Arum. triph. Aur. fol. Bar. c. Bell. Berb. Bov. Calc. c. Canth. Caps. Carbo an. Caust. Cham. Chloral. CLEM. Coloc. Commoc. dent. Con. Crot. Crotal. hor. Crotal. cascav. Dig. Dulc. Euphorb. Ferr. met. Graph. Hell. Hip. man. Hydras. Hyosc. Iod. Kali c. Lauro. Magn. c. Merc. sol. Mez. Mosch. Nat. c. Nat. mur. Oleand. Op. Paris. Phos. Phos. ac. Plat. Plumb. Puls. Ranunc. scel. Rhus tox. Sabad. Sec. Selen. Sep. Sil. Spig. Staph. Stram. Sulph. Sulph. ac. Tarax. Tart. e. Verat. alb.

DESQUAMATION, especially from hands and feet. Merc. dulc. Merc. sol. Sep.

DESQUAMATION, especially from left thigh. Pedic. cap.

DESQUAMATION from tips of fingers, soles of feet, and heels. Elaps. cor.

DESQUAMATION about the nails. Sabad.

DESQUAMATION in round patches (like blisters from which the serum has been absorbed), leaving the skin purple (and in some places yellow). Arms are red and speckled, with shreds of dead-white epidermis. Chloral.

DISCHARGES, ALBUMINOUS. Amm. mur. Borax. Bov. Mez. Petr. Plat.

DISCHARGES of bad taste or smell. Copaiv. Dros. Puls.

DISCHARGES, BITTER. Arn. Ars. Carbo veg. Cist. Dros. *Merc. sol.* Nitr. ac. Phos. ac. PULS.

DISCHARGES, BLUISH. Ambr. Ars. Cupr. acet.

DISCHARGES containing bloody points. Amm. c. Lauro.

DISCHARGES of bloody mucus. Acon. Alum. Amm. mur. Ars. *Asar.* *Bar. c.* BELL. *Canth.* Caps. *Carbo veg.* Caust. Cheno. *Chin.* Cocc. Con. Copaiv. Ferr. met. Graph. Hep. Iod. Kali c. Kali chl. Led. Lye. MERC. SOL. Mez. Murex. Nat. mur. Nux mos. NUX v. Op. Paris. Petr. Phos. PULS. *Sep.* Sil. Sulph. Sulph. ac. Thuj. Verat. alb. Vip. torv. Zinc. met.

DISCHARGES, blood-streaked. ARS. Borax. CHIN. Ferr. met. Lach. Magn. c. Magn. mur. Mez. Sabin. Sep.

DISCHARGES, BROWNISH. Amm. mur. ARS. BELL. Bism. Borax. Carbo veg. Grat. Nitr. ac. Sulph.

DISCHARGES smelling like old cheese. Calc. c. *Hep.* Merc. sol. Sulph.

DISCHARGES, copious. Acon. Alum. AMM. c. Anthrac. *Arg. fol.* Ars. *Asaf.* Bry. Calc. c. *Canth.* Caust. Chin. Cic. Dulc. Ferr. met. GRAPH. Guaj. Iod. Kali c. Kreas. *Lach.* Lauro. Lye. Magn. mur. Magn. sulph. Mang. MERC. SOL. Mez. Natr. c. NAT. MUR. Nitr. ac. Phos. Phos. ac. PULS. Ranunc. bulb. *Rhus tox.* Ruta. *Samb.* Sabin. *Sarsap.* SEP. Sil. Squill. Staph. SULPH. Thuj.

DISCHARGES, corrosive. ALUM. AMM. c. AMM. MUR. Anac. Ant. crud. Anthrac. ARS. BORAX. Bov. Calc. c. Cann. sat. *Canth.* Carbo an. *Carbo veg.* Clem. Chin. Con Euphorb. FERR. MET. Hep. Ign. Iod. Kali c. Kali hyd. Kreas. *Lach.* Lye. Magn. c. *Magn. mur.* Mang. MERC. SOL. Mez. Mur. ac. NAT. MUR. Nitr. ac. *Nux v.* PHOS. Phos. ac. PULS. *Ranunc. bulb.* Ruta. SEP. SIL. *Spig.* *Squill.* SULPH. *Sulph. ac.* Thuj.

DISCHARGES, fetid, offensive. Anthrac. Ars. Caps. Magn. c. Nitr. ac. Nux v. *Sabin.*

DISCHARGES of fetid smell or taste. Ars. Bell. *Chel.* Cup. met. Ferr. met. Graph. Kreas. Merc. sol. Mur. ac. *Nat. c.* Nitr. ac. *Puls.* Sep. Sil. *Stann.*

DISCHARGES smelling like putrid eggs. Con.

DISCHARGES, flesh-colored. Alum. *Cocc.* Kreas. Merc. sol. Nitr. ac. *Sabin.* *Tabac.*

DISCHARGES, flocculent. Agar. Amb. *Merc. sol.* Sep. SULPH.

DISCHARGES, frothy. Ars. *Chen.* Ferr. met. Op. Sec. Sulph. ac.

DISCHARGES, gelatinous. Arg. fol. Berb. Chin. *Hell.* Lauro. Rhus tox. Selen.

DISCHARGES, globular. Sil. *Thuj.*

DISCHARGES, gray. *Ambr.* Anac. *Arg. fol.* Ars. Carbo an. Caust. Chin. Copaiv. Kreas. Lach. Magn. mur. Merc. sol. Sep. *Sil.* *Thuj.*

DISCHARGES, greasy. Magn. c.

DISCHARGES, greenish. Ars. Asaf. Aur. fol. Borax. CARBO VEG. Caust. Colch. *Dros.* Ferr. met. Hyosc. Kali c. Kreas. Lach. Led. Lyc. Magn. aus. *Magn. c.* Mang. MERC. SOL. Murex. *Nat. c.* *Nat. mur.* Nitr. ac. Nux v. Phos. *Puls.* Rhus tox. Sabad. *Sep.* Sil. STANN. SULPH. *Thuj.*

DISCHARGES smelling like fish-brine. Graph. Selen. Tellur.

DISCHARGES, lumpy. Kali c. Kreas. Phos. Sabad. *Sabin.* *Stann.*

DISCHARGES of metallic taste. Calc. c. Cupr. met. Ipec. Nux v. Rhus tox.

DISCHARGES, milky. CALC. C. Carbo veg. Con. Ferr. met. Lyc. Phos. PULS. *Sabin.* Sep. *Sil.* Sulph. ac.

DISCHARGES of thick mucus. Acon. Agar. Alum. Amm. mur. Ant. crud. Arg. fol. Ars. *Bar. c.* Berb. *Borax.* Calc. c. Carbo an. Carbo veg. Con. Copaiv.

Electr. Graph. Ipec. Iod. Kali hyd. Kreas. Lam. alb. Lyc. Magn. arc. MAGN. MUR. *Magn. sulph.* Murex. Mur. ac. *Nat. c.* *Nat. mur.* Nitr. ac. Oleum an. Op. Paris. Puls. Ruta. Sabad. Samb. Sarsap. Sec. Selen. Seneg. *Sil.* Staph. SULPH. Zinc. met.

DISCHARGES of thin mucus. Borax. Caps. Carbo veg. Colch. Electr. *Graph.* Ferr. met. Kali hyd. Lauro. Lyc. *Magn. c.* Mez. Nat. mur. Nux v. Oleum an. PULS. *Rhus tox.* Seneg. Stann. Staph. Sulph. ac. Tereb.

DISCHARGES of musty smell and taste. Borax. Carbo veg.

DISCHARGES, purulent. Ars. Copaiv. Ign. Merc. sol. Sep.

DISCHARGES, reddish. Asar. Borax. Bry. Graph. Paris. Phos. *Rhus tox.* Sil. Squill. Sulph.

DISCHARGES, ropy. Asaf. Carbo veg. Graph. Kali bich. Lach. Magn. aus. Magn. c.

DISCHARGES, salty. Ambr. Alum. *Amm. c.* ARS. Bar. c. Calc. c. Chin. Dros. *Graph.* Lyc. Magn. c. Magn. mur. *Merc. sol.* NAT. c. Nux v. *Petr.* Phos. Puls. Samb. SEP. *Sil.* Stann. Staph. Sulph. Zinc. met.

DISCHARGES, slimy. Acon. Agar. Agn. Alum. Ambr. *Amm. c.* *Amm. mur.* Ang. Ant. crud. Arg. fol. Arn. Ars. Arum. triph. Asaf. Asar. Aur. fol. Bar. c. BELL. Bism. Borax. Bov. *Bry.* CALC. c. Camph. Cann. sat. Canth. Caps. Carbo an. CARBO VEG. CAUST. *Cham.* Chel. *Chen.* CHIN. Cina. Cocc. Coff. COLCH. Coloc. Con. Copaiv. Croc. *Cupr. met.* Dig. Dros. Dulc. Euphorb. Euphras. Ferr. met. Galv. Grat. GRAPH. Guaj. Hell. *Hep.* Hyosc. Ign. Ipec. Iod. KALI c. Kali chl. Kreas. LACH. Lact. Lauro. Lyc. *Magn. arc.* Magn. aus. Magn. c. *Magn. mur.* MERC. SOL. MEZ. Mur. ac. NAT. c. *Nat. mur.* Nat. sulph. *Nitr. ac.* Nux mosch. NUX v. Oleand.

Paris. Petr. Phos. Phos. ac. Plat. Plumb. met.
 PULS. Ranunc. seel. Ratanh. Rhod. RHUS TOX.
 Ruta. Sabad. Sabin. Samb. *Sarsap.* Sec. Selen.
 Seneg. SEP. Sil. Spig. Spong. SQUILL. STANN.
 Staph. SULPH. Sulph. ac. TART. E. *Thuj.* Val. Verat.
 alb. *Zinc. met.*

DISCHARGES, sour smelling or tasting. Calc. Graph.
 Hep. Kali c. Lam. alb. Magn. mur. Merc. sol. Nat.
 c. Nux. v. Plumb. met. Sep. Sulph. Tarax.

DISCHARGES like starch. Sabin.

DISCHARGES of sweetish taste or smell. Asar. Lach.
 Magn. c. Merc. corr.

DISCHARGES, tenacious. Acon. Agn. *Alum.* Amm.
 mur. Anac. *Ant. crud.* Ars. Bar. c. BELL. Bov.
 Bry. Calc. c. Cann. sat. Canth. Carbo veg. Caust.
 CHAM. Chin. Chin. sulph. CIST. Cocc. Colch. Con.
 Dulc. Euphras. Graph. Iod. Kali c. Lach. Lact.
 Lauro. Lob. Magn. c. Magn. mur. MERC. SOL. *Mez.*
 Nat. c. Nux. v. Paris. Oleum an. *Phos.* Phos. ac.
 Plumb. met. Puls. *Ranunc. seel.* *Rhus tox.* Sabad.
 Sabin. *Samb.* *Seneg.* Sep. Spig. Spong. Squill.
 STANN. Staph. Tab. Tart. e. Verat. alb. *Zinc. met.*

DISCHARGES, viscous. Carbo an. Carbo veg. Hep.
 Phos. *Phos. ac.* Plat. SULPH.

DISCHARGES, transparent. Alum. Crotal. hor. Ferr.
 mur. Graph. Kali hyd. Magn. sulph. Mang. Nat.
 mur. Phos. Puls. Sabad. *Sep.* SIL. STANN. Sulph.
 ac.

DISCHARGES, yellow. Acon. Agn. *Alum.* Amb. Amm.
 c. Amm. mur. Anac. Ang. ANT. CRUD. Arg. fol.
 Ars. Aur. fol. Bar. c. BELL. *Berb.* Bov. BRY.
 Calc. c. Cann. sat. Canth. Caps. Carbo an. CARBO
 VEG. Caust. Cham. Cic. Clem. Con. Croc. *Dros.*
 Dulc. *Eugen.* Gran. Graph. Hep. Iod. Kali c.
 KREAS. Lach. LYC. Magn. c. Magn. mur. Magn.
 sulph. Mang. Merc. sol. Mez. Mur. ac. NAT. c.

Nat. mur. NITR. AC. NUX VOM. PHOS. Phos. ac. PULS. Rhus tox. Ruta. Sabad. Sabin. Sec. *Selen.* Seneg. SEP. SIL. *Spig.* STANN. Staph. SULPH. Sulph. ac. *Thuj.* Verat. alb. Viol. tr.

DISCHARGES, watery. *Agar.* Alum. Ambr. *Amm. c.* *Amm. mur.* Ant. crud. Arg. fol. *Ars.* Asar. Bell. *Bor.* Calc. c. Cann. sat. *Carbo an.* CARBO VEG. CHAM. *Chin.* Clem. Coff. Con. GRAPH. *Guaj.* Ign. Iod. Kali hyd. Kreas. LACH. *Magn. c.* MAGN. MUR. Mang. MERC. SOL. *Mez.* Murex. *Mur. ac.* *Nux v.* Paris. Phos. *Plumb. met.* *Puls.* Ranunc. scel. Rhus tox. Seneg. *Sep.* *Sil.* *Squill.* Stann. Staph. SULPH. Sulph. ac. *Thuj.*

DISCHARGES, white. Ambr. Asar. BELL. Borax. *Bor.* CALC. C. Canth. *Carbo veg.* Caust. Colch. Con. Ferr. met. Graph. Grat. Hell. Kreas. Lye. Magn. c. *Merc. sol.* *Nat. mur.* *Nux v.* Oleum an. *Phos.* PULS. Ratanh. Sabin. *Sep.* SIL. Sulph ac. Tab. Tart. e.

DISCHARGE staining linen black. Bry.

DISCOLORATION, dirty color of skin in general. Ant. crud. *Ars.* Bry. Ferr. met. Iod. *Merc. sol.* Phos. *Plumb. met.* Sec. Vip. torv.

DOTS, SMALL, RED, on eyelids and hands; on neck covered with whitish scales. Hydrocotyle.

DRYNESS OF SKIN in general. ACON. Alum. Ambr. *Amm. c.* Anac. Amt. crud. Arg. fol. *Arn.* *ARS.* *Ars. iod.* Asaf. Bar. c. BELL. Bism. Borax. BRY. CALC. C. Camph. *Cann. sat.* Canth. *Carbo an.* *Carbo veg.* Caust. CHAM. CHIN. Chin. sulph. Clem. Cocc. COFF. COLCH. Coloc. Con. DULC. Ferr. met. GRAPH. Hell. Hep. Hydrocotyle. HYOSC. Ign. IOD. Ipec. KALI C. Kreas. Lach. Lauro. Led. *Lyc.* Magn. aus. *Magn. c.* Mang. *Merc. sol.* *Mez.* Murex. *Mur. ac.* NAT. C. *Nat. mur.* NITR. AC. NUX MOSCH. *Nux v.* *Oleand.* Op. Paris. PHOS. *Phos. ac.* *Plat.* *Plumb.*

met. *Puls.* Ranunc. bulb. Ranunc. secl. *Rhus tox.* Ruta. Sabad. Samb. *Sec.* *Seneg.* Sep. *Sil.* *Spig.* *Spong.* Squill. *Staph.* Stram. SULPH. Sulph. ac. Tart. e. Teucr. Val. *Verb.* *Viol. ad.* Viol. tr.

DRY, PARCHED SKIN. CALC. c. HYOSC. IOD. Kali c. Magn. c. Nat. c. *Sec.*

DRY SKIN, LIKE PARCHMENT. ARS. *Ars. iod.* *Chin.* Chin. sulph. Dulc. Kali c. Led. LYC. Phos. *Sil.* Squill.

DRY, BRITTLE SKIN. HYOSC. Nat. c. *Sec.*

DRY SKIN ON EARS. Graph. Nitr. ac. Petr.

DRY SKIN ON HANDS. *Anac.* *Bar. c.* Bism. Ferr. met. *Hep.* Lach. LYC. *Nat. c.* *Nat. mur.* Phos. *Phos. ac.* Sabad. Sulph. Tax. Thuj.

DRY SKIN ON FINGERS. *Anac.* *Sil.* Tart. e.

ECCHYMOSES (in general). ARN. Bellis peren. Bry. Calc. c. Cham. Chin. *Con.* Crotal. hor. Dulc. Electr. Euphras. Ferr. met. *Hep.* Lach. Lauro. Nat. c. *Nat. mur.* NUX v. Paris. Plumb. met. *Puls.* Rhus tox. *Ruta.* *Sec.* SULPH. SULPH. AC. *Verb. hast.*

ECZEMA ON SCALP. ARS. Borax. Brom. *Calc. c.* Graph. *Iris vers.* *Lappa. maj.* LYC. SULPH. *Vinca min.*

ECZEMA ALONG EDGES of scalp. Hydras. *Nat. mur.* Nitr. ac.

ECZEMA begins on the back of the head. LYC.

ECZEMA around margins of hair from ear to ear, posteriorly. Sulph.

ECZEMA on face. ARS. Bell. Borax. Cic. Croton tig. Cycl. Graph. *Hep.* *Iris vers.* *Lappa maj.* LYC. Merc. sol. Rhus tox. Sep.

ECZEMA, especially on *left* SIDE OF *face*, on chin and behind ears; thick crusts, raw surfaces, and deep rhagades. Graph.

ECZEMA on head, moist, bad-smelling, grayish-white

crust ; most of hair gone, and eruption extending to the face. Lappa maj.

ECZEMA in internal ear. Nitr. ac.

ECZEMA OF HEAD, raw, inflamed, scurfy, discharging a corrosive fluid, which eats among the hair. Nat. mur.

ECZEMA CAPITIS, with profuse oozing, as of a dirty, nasty-smelling discharge ; scalp covered, as with a cap. Brom.

ECZEMA of scalp, with moist scabs and engorged glands in the neck. Hell.

ECZEMA on arms. Mez. Phos. Sil.

ECZEMA on forearms. Graph.

ECZEMA on hands. Ars. Graph. Lyc. Mez. Phos.

ECZEMA on *left* hand. Ars.

ECZEMA on fingers of right hand. Lyc.

ECZEMA on fingers (in general). Lyc. Sil. Staph.

ECZEMA in bends of extremities. Amm. c. Bry. Graph. Led. Merc. sol. Sep. Sulph.

ECZEMA of extremities, marginatum, and impetiginoides. Sulph.

ECZEMA on inner surface of thighs after vaccination. Rhus tox.

ECZEMA on the legs. Ars. Carbo veg. Graph. Lach. Lyc. Merc. sol. Nat. mur. Sulph.

ECZEMA on calves of legs. Graph.

ECZEMA, moist, on genitals. Petr. Rhus tox.

ECZEMA on genitals. Arg. nit. Ars. Calad. Croton tig. Graph. Hep. Lyc. Nat. mur. Nitr. ac. Petr. Rhus tox. Sep. Sulph. Thuj.

ECZEMA RUBRUM ; small blisters in the axillæ suddenly, and emit a discharge which colors the linen a greenish-yellow. Nux jug.

ECZEMA, bleeds easily and is covered with thick crusts, with fetid secretion beneath. Lyc.

ECZEMA, yellow crusts, and inflamed surroundings after scratching. Merc. sol.

ECZEMA, with thick moist crusts. *Rhus tox.*

ECZEMA, yellow acrid moisture oozes from under the crusts : when the surface is denuded of these, new vesicles at once form, and soon burst, forming a crust as before. *Staph.*

ECZEMA, vesicles smaller and flatter than mercurial eczema. *Copaiv.*

ECZEMA, with pimples, crusts, and easily bleeding surface. *Sulph.*

ECZEMA, transparent glutinous discharge, forming crusts. *Graph.*

ECZEMA, with purulent secretion. *Clem. Graph. Hep. Lappa maj. Lyc. Nat. mur. Nitr. ac. Sulph.*

EFFLORESCENCE of vividly red spots on abdomen and legs. *Origin. vulg.*

ELEVATIONS, small, hot, red, whose tips become white and scaly, on left arm, elbow, and nates. *Merc. sol.*

ELEVATIONS, small, round, colorless. *Op.*

ELEVATIONS, red, tuberculoid, and inflamed. *Rhus rad.*

ELEVATIONS, small, dark-red ; on backs of hands, covered with scabs, beneath which are pus. *Sulph. ac.*

ERUPTIONS, BLACKISH. *Ant. crud. Ars. Asaf. BELL. BRY. Chin. Con. Crotal. hor. Electr. LACH. Mur. ac. Nitr. ac. RHUS TOX. Sec. Sep. Sil. Spig. Vip. red.*

ERUPTIONS, BROWNISH. *Cann. sat. Nitr. ac. Phos. Phos. ac.*

ERUPTIONS, close-grained, dense. *AGAR. Carbo veg. Copaiv. Sep. Squill. Thuj.*

ERUPTIONS, CONFLUENT. *Agar. Ant. crud. Cic. Co-paiv. Hyosc. Phos. ac. Rhus tox. Tart. e. Val.*

ERUPTION, copper-colored. *Alum. Ars. Calc. c. Cann. sat. Carbo an. Carbo veg. Corall. Kreas. Led. Mez. Phos. Rhus tox. Ruta. Syphil. Verat. alb.*

ERUPTION on covered parts. *Led. Thuj.*

ERUPTION, DRY. *Alum. Ars. Ars. iod. Bar. c.*

Bov. BRY. CALC. c. Carbo veg. Caust. Clem. Cocc. *Cupr. met.* Dolich. *Dulc.* Evon. *Graph.* Grara. trich. Hyosc. Kreas. Kali bich. Led. Lye. Magn. c. MERC. SOL. MEZ. Nat. c. Nat. mur. Paris. *Petr.* *Phos.* Phos. ac. Plant. maj. Psor. Rhus tox. Sarsap. SEP. SIL. Stann. STAPH. Sulph. Teucr. Val. VERAT. ALB. *Viol. tr.* Zinc. met.

ERUPTION, copper-colored, about mouth and chin. Verat. alb.

ERUPTION, dry and scaly, on lower lip. Plant. maj.

ERUPTION, dry, on arms and legs, like *zona*. Dolich.

ERUPTIVE FEVERS. Acon. Bell. Verat. virid.

ERUPTION, fiery, red, like nettlerash. Acon.

ERUPTION, fine, around eyes and nose. Euphras.

ERUPTION, fine, like sand, in bends of knees. Ars.

ERUPTION, fine, on forearms and wrists, backs of hands, between the fingers, and on scrotum and ankles. Rhus vene.

ERUPTION, fiery, scarlet all over, or consisting of small vesicles, with red areola. Sulph.

ERUPTION, as if excoriated. Graph. Lye.

ERUPTION, fine. Agar. Alum. Ars. Bell. Bry. CARBO VEG. Caust. Clem. Cocc. Con. Dulc. Graph. Hep. Iod. Ipec. Kreas. Led. Merc. sol. Mez. Nat. mur. Nitr. ac. Nux v. Paris. Phos. Phos. ac. Puls. Rhus tox. Sarsap. Sulph. Val. Zinc. met.

ERUPTION, fiery red. ACON. BELL. Stram. *Sulph.*

ERUPTION, FLAT. *Amm. c.* Ang. *Ant. crud.* Ars. *Asaf.* Bell. Carbo an. Euphorb. *Lach.* Lye. Merc. sol. Nat. c. Nitr. ac. Petr. Phos. *Phos. ac.* Puls. Ranunc. bulb. *Selen.* Sep. Sil. Staph. Sulph. Tart. e. Thuj.

ERUPTION, GRANULAR. *Amm. c.* ARS. *Carbo veg.* Graph. Hep. Nat. mur. Phos. Tabac. Zinc. met.

ERUPTION, grape-shaped. Agar. CALC. c. Rhus tox. Staph. Verat. alb.

ERUPTION on hairy parts. Kali c. Lyc. *Merc. sol.* Nat. mur. Nitr. ac. Phos. ac. Rhus tox.

ERUPTION, HARD. Ant. crud. Aur. fol. Mez. Ranunc. bulb. Rhus rad. Rhus tox. Spig. Val.

ERUPTION, HERPETIC. Amm. c. *Anac.* Aur. mur. Chin. Dolich. Ipec. Menisp. can. RHUS TOX. Sep. Staph.

ERUPTIONS, HUMID. Alum. Ars. Bar. c. Bell. *Bov.* Bry. CALC. c. Carbo an. CARBO VEG. Caust. *Cic.* Clem. Con. Dule. GRAPH. Grat. Hell. Hep. KALI c. Kreas. Lach. Led. LYC. MERC. SOL. MEZ. Nat. c. Nat. mur. Nitr. ac. Oleand. Petr. Phos. Phos. ac. RHUS TOX. Ruta. Sabin. *Selen.* SEP. Sil. Squill. STAPH. SULPH. Sulph. ac. Thuja. Viol. tr.

ERUPTIONS, INFLAMED. Ars. Calc. c.

ERUPTIONS, MILIARY. AGAR. Ailanth. Amm. c. Amm. mur. Anath. muric. Ant. crud. Ars. Cham. Chel. Clem. Cocc. Coff. Electr. Galvan. Hell. Hyosc. Hura bras. Ipec. Kali chl. Kreas. LED. Mez. Nat. mur. Nitr. ac. Nux v. Paris. Sang. Sarsap. Sec. Selen. Staph. Tart. e. Tax. Val. Verat. alb.

ERUPTIONS, OBSTINATE. Alum. AMM. C. BAR. C. BORAX. CALC. c. Carbo veg. Caust. *Cham.* Chel. Clem. Con. Croc. EUPHORB. GRAPH. Hell. HEP. Kali c. Lach. Lyc. Magn. c. Mang. Merc. sol. Mur. ac. *Nat. c.* Nitr. ac. NUX V. Oleand. Paris. PETR. Phos. Phos. ac. Plumb. *Rhus tox.* Sep. SIL. Squill. Staph. SULPH. Tar. *Viol. tr.* Zinc. met.

ERUPTION, MILIARY, WHITE. Agar. Nux v.

ERUPTION, MILIARY, on forearms. Selen. Tar. Tart. e.

ERUPTION, MILIARY, face and joints. Hura bras.

ERUPTION, MILIARY, on wrists. Led.

ERUPTION, PALE. Ars.

ERUPTION, PURULENT. ANT. CRUD. Ars. Bell. Cic. Clem. Cocc. Con. Cycl. Dule. Euphras. Hep. Iris vers. Kali c. Led. Lyc. Magn. c. *Merc. sol.* Nat. c.

Nat. mur. Petr. Plumb. Puls. Rhus tox. Samb. Sarsap. Sec. Sep. Sil. Spig. Staph. Sulph. Tar. Tart. e. Thuj. Verat. alb. Viol. od. Viol. tr. Zinc. met.

ERUPTION, RAISED. Ars. Asaf. Calc. c. Caust. Chel. Copaiv. Dule. Lach. Merc. sol. Mez. Nux v. Op. Phos. Sulph. Tab. Tar. Val.

ERUPTIONS, RED. ACON. AGAR. Agn. Alum. Amb. AMM. c. Amm. mur. Anath. muric. Ant. crud. ARN. ARS. Aur. fol. Bar. c. Bell. Bov. Bry. Calad. Calc. c. Cann. sat. Canth. Caps. Carbo an. Carbo veg. Caust. Cham. Chin. Cic. CLEM. Coc. Coff. CON. Croc. Croton tig. Cupr. met. Cycl. Dros. DULC. Graph. Hep. Hyosc. Iod. Ipec. KALI c. Kreas. LACH. Led. Lye. Magn. arc. Magn. c. Magn. mur. MERC. SOL. Mez. Nat. c. Nat. mur. Nitr. ac. Nux v. Op. Paris. Petr. PHOS. Phos. ac. Plant. maj. Plumb. met. Puls. Rhodo. Rhus rad. Rhus tox. Ruta. Sabad. Sec. SEP. Sil. Spong. Stann. Staph. STRAM. SULPH. SULPH. AC. Sab. Tart. e. Tax. Teucr. Val. Verat. alb. Vip. torv. Zinc. met.

ERUPTIONS, REDDISH, on penis. Petr.

ERUPTION of small red papillæ. Magn. mur.

ERUPTION, RED, on palms of hands. Magn. arc.

ERUPTION, humid, bad smelling, with much vermin on head, face, and behind ears. Vinca min.

ERUPTIONS, dark-blue, or red, on back, legs, and ankles. Puls. nutt.

ERUPTIONS, dark-red (or bright), lentil-sized. Copaiv.

ERUPTIONS, SCALY. Agar. Ailanth. Amm. c. Amm. mur. Anac. Ant. crud. Ars. Ars. iod. Aur. fol. Bar. c. Bar. mur. Bell. Coc. CLEM. Cupr. met. Dule. Graph. Hep. Hyosc. Kali c. Led. Magn. c. Merc. sol. Nat. c. Oleand. PHOS. Plant. maj. Plumb. met. Rhus tox. Sep. Staph. Sulph.

ERUPTION on affected knee, scarlet and spreading all over. *Tereb.*

ERUPTION, scarlet-red, over neck, chest, arms, and legs. *Galvan.*

ERUPTION, red, scaly, on body as far as abdomen. *Bell.*

ERUPTION, suppurating, ulcerated. *Ars. Caps. Carbo an. Chin. Cocc. Commoc. dent. Grat. Graph. Iris vers. Hep. Squill. Syphil.*

ERUPTION, suppressed, receding. *Apis. Cupr. acet. Cupr. met. Dulc. Gelsem. Ipec. Phos. Psor. Puls. Sulph.*

ERUPTION, in scarlet band, about three inches wide, around waist like zona. *Polygon. punct.*

ERUPTION, scaly, on lips, backs of hands and fingers. *Mur. ac.*

ERUPTIONS, SYPHILITIC. *Iris vers. Kali chl. Kali hyd. Syphil.*

ERUPTION, like sycosis on vulva. *Anath. muric.*

ERUPTION on scalp, suppurating. *Ars. Cic. Clem. Graph. Hep. Lappa maj. Vine. min.*

ERUPTIONS after vaccination. *Sil. Sulph.*

ERUPTIONS, whitish. *Agar. Anath. muric. Ant. crud. Ars. Borax. Bov. Bry. Ipec. Merc. sol. Phos. Puls. Sulph. Tart. e. Thuja. Val. Zinc met.*

ERUPTIONS, yellowish. *Agar. Ant. crud. Ars. Aur. fol. Bar. c. Bar. mur. Coc. Croc. Cupr. met. Euphorb. Hell. Kreas. Led. Lyc. MERC. SOL. Nat. c. Nitr. ac. Paris. Phos. ac. Sep. Val.*

ERUPTIONS, like a zone. *Ars. Bry. Cham. Graph. Merc. sol. Nat. c. Puls. Rhus tox. Selen. Sil. Sulph.*

ERUPTION on head. *Ars. Bar. c. Bar. mur. CALC. c. Carbo an. Cic. Clem. LYC. MERC. SOL. OLEAND. PETR. Rhus tox. Ruta. Spig. Staph.*

ERUPTION on and about eyes. *Ars. Calc. c. CAUST. Con. Euphras. Graph. Hell. Hep. Ign. KALI c.*

MERC. SOL. Oleand. Paris. Petr. Rhus tox. *Selen.*
Seneg. Sep. Sil. Spong. STAPH. SULPH. Thuj.

ERUPTIONS in eyebrows. Clem. Cupr. met. Guaj.
Kali c. Paris. Selen. Sil. Spong. Stann. Tarax.

ERUPTIONS on ears. Amm. c. Ant. crud. Bar. c.
Bov. Calc. c. Chin. Cic. Kali c. Mez. Mosch.
Mur. ac. Nat. mur. Petr. Phos. Puls. Sep. Sil.
Spong. Staph. SULPH.

ERUPTIONS, vesicular, on ears. Still. sylv.

ERUPTIONS on lobes of ears. Sarsap. Teucr.

ERUPTIONS behind ears. Ant. crud. BAR. c. CALC c.
Canth. Chin. Cic. Graph. *Hep.* Mez. Oleand.
Puls. Sabad. Selen. Sil. *Staph.* Vinc. min.

ERUPTIONS on and about the nose. Alum. Ant. crud.
Aur. fol. Calc. c. Canth. Carbo veg. Caps. Caust.
Chin. Crot. tig. Iris vers. Graph. Nat. c. Rhus
tox. Sarsap. Spig. Spong. Tar.

ERUPTIONS on wing of nose. Carbo veg. Can. Dule.
Euphras. Nat. c. Petr. Rhus tox. Sil. Thuj. Ve-
rat. alb.

ERUPTIONS on tip of nose. Carbo an. Carbo veg.
Caust. Nitr. ac. Phos. ac. *Sep.* Sil. Spong.

ERUPTIONS in the corners of the nose. Anac. Dulc.
Euphras. Mang. Plumb. met. Rhus tox. Thuj.

ERUPTIONS under nose (on septum narium). Arn. Bar.
c. Bov. Caps. Crotal. hor. Squill. Teucr.

ERUPTIONS on face. Agar. Agn. Alum. Ailanth.
Amb. AMM. c. Amm. mur. Ant. crud. Arg. Arn.
Ars. AUR. FOL. BAR. c. Bell. Borax. Bov. Bry.
CALC. c. Calend. Cann. sat. Canth. Caps. Carbo an.
CARBO VEG. Caust. Cham. Chel. Cicu. Clem. Cocc.
Colch. Con. Crotal. hor. Dig. DULC. Electr. Eu-
phorb. Ferr. met. Gelsem. GRAPH. Hell. HEP.
Hura bras. Hydrocotyle. Hyosc. Ign. Iris vers.
Kali bich. Kali c. KREAS. Lach. Lappa maj. Lauro.
LYC. Magn. c. MAGN. MUR. Magn. sulph. Mang.

Merc. sol. Mur. ac. Nat. c. NAT. MUR. NITR. AC.
Nux v. Oleand. Paris. Petr. Phos. PHOS. AC. Puls.
Plant. maj. Psor. Rhus tox. Ruta. Sabad. Sabin.
Sarsap. Selen. SEP. Sil. Spong. Staph. Stront.
SULPH. Sulph. ac. Tar. Thuj. Verat. alb. Viol. tr.
Vinc. min. Zinc. met.

ERUPTIONS about and on lips and mouth. ARS. Bov.
CALC. c. Caps. Carbo veg. Cann. sat. Chin. Chin.
sulph. Dig. Electr. Graph. Hell. Hep. Ipec. Iris
vers. Lach. Lauro. Lyc. Mez. Mur. ac. Nat. c.
Nat. mur. Nicc. Nitr. ac. Petr. Phos. *Phos. ac.*
Sep. Sil. Spong. Squill. Sulph. Tab.

ERUPTIONS at corners of mouth. Amm. mur. Ant.
crud. BELL. CALC. c. Cann. sat. Canth. Carbo veg.
GRAPH. Hep. IGN. Iris vers. MERC. SOL. Nat. c.
Nitr. ac. Petr. Rhodo. Rhus tox. Sep. Tar. *Verat.*
alb.

ERUPTIONS on cheeks. Amb. Ant. crud. Cham. Dulc.
Iris vers.

ERUPTION, humid, on face ; dry or moist, fetid scurfs on
face. Psor.

ERUPTION of small granules across forehead. Rhus rad.

ERUPTION, humid, around nose and mouth. Nat. c.

ERUPTION, pustulous, on face, around nose and lips, and
on the cheeks, secreting a sanious irritating pus. Iris
vers. Hydrocotyle.

ERUPTION (eczematous) on chin, with yellow scurf like
dried honey. Cic.

ERUPTION on upper lip. Phytol.

ERUPTIONS on chin. Agn. Alum. Ambr. Amm. c.
Anac. Ant. crud. Bell. Borax. *Bov.* Calc. c. Canth.
Caut. *Chel.* Coc. Clem. Con. Dig. Dulc. GRAPH.
HEP. Hyosc. Kali c. *Lach.* *Lyc.* Magn. arc. Magn.
aus. Magn. c. Merc. sol. Mez. Nat. c. Nat. mur.
Nitr. ac. Nux mosch. Nux v. Oleand. Paris. Phos.
Phos. ac. Plat. Puls. RHUS TOX. Sabin. Sarsap.

Sep. Sil. Spig. Spong. Squill. Sulph. Tar. Thuj.
Verat. alb. Verb. Zinc met.

ERUPTION on abdomen. Bell. Bry. Hydrocotyle.
Merc. sol.

ERUPTION in anal region. Calc c. Carbo veg. Ipec.
Lyc.

ERUPTION on genitals (in general). Graph. Nux v.
Rhus tox. Sep. Sulph. Tart. e.

ERUPTION on glans penis. Petr. Sep.

ERUPTION on scrotum, humid. Graph. Rhus tox.

ERUPTION on scrotum, prepuce, glans penis, eyelids,
arms, and hands; with swelling of the parts and small
yellow vesicles, which became confluent and moist, the
larger suppurating and the smaller degenerating. Rhus
tox.

ERUPTION on mons veneris. Sil.

ERUPTION, humid, on inner labia, with swelling. Sep.

ERUPTION on labia. Bry. Nux v. Sep. Tart. e.

ERUPTION on prepuce. Merc. sol. Rhus tox.

ERUPTION on chest. Kali c. Led. Lyc. Merc. sol.
Mez. Rhus tox. Sec. Staph. Tereb. Val.

ERUPTION on back. Alum. Ant. crud. Ars. Bar. c.
Bry. Carbo veg. Cinnab. Lach. Led. Lyc. Magn.
aus. Merc. sol. Nat. mur. Puls. nutt. Sep. Squill.
Staph. Tabac. Tart. e.

ERUPTION on shoulders. Alum. Ars. Berb.

ERUPTION on loins. Clem. Rhus tox.

ERUPTION on scapulæ. Ant. crud. Caust. Lach.
Phos. ac.

ERUPTION on neck. Bry. Carbo an. Carbo veg.
Caust. Cham. Clem. Lappa maj. Lyc. Petr. Sec.

ERUPTION on arms (in general). Alum. Berb. Bry.
Carbo an. CAUST. Lach. Led. Lyc. Merc. sol. Phos.
Rhus tox. Sabin. Tart. e. Tax. Val. Zinc met.

ERUPTION, pustular, on the arms. Still. sylv. Tart e.

ERUPTION on forearm. Bry. Carbo an. Caust. Lach. Lyc. Rhus tox. Tar. Tart e. Val. Zinc. met.

ERUPTION on upper arm. Led. Vip. torv.

ERUPTION on elbow. *Merc. sol.* Phos. Sabin. Zinc. met.

ERUPTION on hands. Alum. Ars. CARBO VEG. Dig. Hep. Ipec. MERC. SOL. *Mur. ac.* *Nitr. ac.* Rhus tox. Spig. *Sulph.* Sulph. ac.

ERUPTION, papular, on back of hands and wrists. Cimicif. Coca. Hep.

ERUPTION on fingers. Caust. Corall. Galvan. Graph. Mez.

ERUPTION, ulcerated, at finger joints. Mez.

ERUPTION, like scabies, on finger tips. Sil.

ERUPTION on hips and nates. Borax. Nat. c. *Sulph.*

ERUPTION on thighs. Alum. Calc. c. Cann. sat. Caust. Merc. sol. Nux v.

ERUPTION on knees. Anac. Ant. crud. Bry. Carbo veg. Kali c. *Led.* Merc. sol. Nux v. Tereb.

ERUPTIONS on legs. Agar. Petr. Rhus tox.

ERUPTIONS on feet. Carbo an. *Graph.* *Led.* Rhus tox. Sulph. Tereb.

ERUPTION, vesicular, on lower limbs. Merc. sol.

ERUPTION on both thighs, especially inner surface, with discharge of burning water after scratching. Merc. sol.

ERUPTION on body and extremities. Ailanth.

ERUPTION between toes. Petr.

ERUPTION, vesicular, below ankles. Graph.

ERUPTIONS, papular, on forearms, lasting a few days, and frequently recurring; also, small pustules, which die away without breaking. Kali bich.

ERUPTION, papulous, all over, but especially on neck and shoulders. Kali hyd.

ERUPTION (like "rot" in sheep) on chest and arms, with desquamation. Led.

ERUPTION, PAPULOUS. Cimicif. Coca. Gelsem. Kali hyd.

ERUPTION, with corrosive, serous discharge. Graph. Grat. Iris vers.

ERUPTION, tuberculous. Oleand. Petr.

ERUPTION, violet-hued. Ailanth. Caff. Chlor. Copaiv.

ERUPTION, crusty, with white scabs, bleeding when touched. Mez.

ERUPTIONS, all over, not elevated, but can be felt on skin, discharging pus; pustules discharge ichor and leave pocks of a lardaceous, coppery hue, covering eyes and making patient blind. Syphil.

ERUPTIONS, humid, with corrosive ichor, swelling and redness of the parts. Clem. Graph.

ERUPTION, dark, sends dampness, which dries into crusts. Clem.

ERUPTIONS, mixed with petechiæ. Ars. Sec.

ERUPTION, all over, vesicular, with red spots. Hura bras.

ERUPTIONS, with gangrene. Ars. Ranunc. bulb. Ranunc. sceler. Sec. Tax.

ERUPTION appears too early or suddenly. Ars.

ERUPTION, dry, size of pin's head, with hollow tip, leaving red spots when scratched open, on forehead, arms, and abdomen. Caust.

ERUPTIONS, VESICULAR. Acon. Canth. Carbol. ac. Clem. Commoc. dent. Dulc. Grara. trich. Hura bras. Hydrocotyle. Juglans cin. Kali bich. Merc. sol. Rhus tox. Rhus vene. Rumex. Still. sylv. Sulph. Tereb.

ERUPTIONS, PUSTULAR. Anath. muric. Ant. crud. Apis. Carbol. ac. Commoc. dent. Cundur. Hydrocotyle. Iris vers. Mang. Magn. mur. Still. sylv. Syphil. TART. E. Variol.

ERUPTION from wearing flannel. Rumex.

ERUPTION in five stages, redness, vesicles, pustules, desiccation, and desquamation. Crotal. hor.

ERUPTION, BULBOUS. Alum.

ERUPTION, consisting of large maculæ and bullæ, filled with dark serum. *Ailanth.*

ERUPTIONS, pustular and confluent. *Anath. muric. Apis. Tart. e. Thuj. Variol.*

ERUPTION, with œdematous swelling during desquamation. *Apis.*

ERUPTIONS, TARDY. *Ailanth. Bry. Ipec.*

ERUPTION, SANGUINEOUS (in general). *ARN. ARS. Aur. fol. BELL. Berb. BRY. CALC. c. Canth. Carbo an. Carbo veg. Cham. Chin. Clem. Cocc. Con. Crotal. hor. Dule. Electr. Euphras. Ferr. met. Hep. Hyosc. Kreas. LACH. Lauro. Led. Lyc. Merc. sol. Nat. mur. Nitr. ac. Nux mosch. Nux v. Paris. Plumb. met. PHOS. Puls. RHUS TOX. RUTA. SEC. Sep. SIL. Stram. Staph. SULPH. SULPH AC. Tart. e. Thuj.*

ERUPTION, sanguineous, on head. *Ars.*

ERUPTION, sanguineous, on eyes. *Calc. c. Nux v.*

ERUPTION, sanguineous, on nose, and face, and lips. *Nat. mur. Sep. Stram.*

ERUPTION, sanguineous, on arms and hands. *Berb. Sec.*

ERUPTION, sanguineous, on lower limbs. *Phos.*

ERYSIPELAS, with gangrene. *Acon. Apis. ARS. Bell. Camph. Chin. Chin. sulph. Hyosc. Lach. Mur. ac. Rhus tox. Sabin. Sec. Sil.*

ERYSIPELAS, HARD, and in very herpetic subjects. *Sulph.*

ERYSIPELAS, highly inflamed. *ACON. ARS. BELL. Borax. BRY. Camph. CHAM. HEP. LACH. MERC. SOL. Petr. PHOS. PULS. RHUS TOX. Sabad. SULPH. Zinc. met.*

ERYSIPELAS, with transparent glutinous exudation; erysipelas in streaks. *Graph.*

ERYSIPELAS, with swelling. *Acon. Amm. c. APIS. Arn. ARS. BELL. Bry. Calc. c. Canth. Carbo veg. Caust. Chin. Euphorb. Hell. Hep. Kali c. Lyc. Magn. c. MERC. SOL. Rhus venen. Ruta. Samb. Sarsap. Sep. Sil. Sulph. Thuj. Zinc. met.*

ERYSIPELAS, VESICULAR. *Ars. Bell. Cist. Croton tig. Euphorb. Graph. Hep. Lach. Phos. Puls. Ranunc. bulb. RANUNC. SCEL. RHUS TOX. Rhus vene. Sep. Sulph. Urtica.*

ERYSIPELAS, zone-shaped. *Ars. Graph. Puls. Rhus tox.*

ERYSIPELAS, with redness, swelling, and gangrene. *Apis. Ars.*

ERYSIPELAS, suppressed. *Phos. ac.*

ERYSIPELAS, with vomiting, on arm. *Vip. torv.*

ERYSIPELAS of ears (in general). *Lach. Meph. Urtica.*

ERYSIPELAS of ear, with heat, redness, and blisters. *Meph.*

ERYSIPELAS, VESICULAR, of lips, nose, and ears, with swelling; eyelids closed and œdematous; small, transparent vesicles filled with serum. *Urtica.*

ERYSIPELAS of nose. *Canth. Plumb. met.*

ERYSIPELAS of face. *APIS. BELL. Borax. Calc. Camph. Canth. Carbo an. Cham. Cist. Crotal. hor. Croton tig. Euphorb. Gins. GRAPH. Gymnoc. can. Hep. Hydrast. LACH. Lye. Nitr. ac. Puls. Rhus rad. RHUS TOX. Rhus vene. Ruta. Sep. Stram. Sulph.*

ERYSIPELAS, with swelling of cheek. *Calc. acet.*

ERYSIPELAS of face, with swelling and desquamation. *Puls.*

ERYSIPELAS of *one side* of face. *Stram.*

ERYSIPELAS, œdematous and indented eyelid covering eye, and large water-blisters on chin. *Croton tig.*

ERYSIPELAS under *left* eye, with pimples, vesicles, and rhagades. *Lach.*

ERYSIPELAS on abdomen. *Graph. Merc. sol.*

ERYSIPELAS near navel with large vesicles. *Graph.*

ERYSIPELAS, spreading from back around abdomen. *Merc. sol.*

ERYSIPELAS on mammæ. *Cham. PHOS. Plant. maj. Phytol. Sulph.*

ERYSIPELAS on back. Cist. Graph. Merc. sol. Rhus tox.

ERYSIPELAS on arms. Lach. Lye. Petr. Rhus tox.

ERYSIPELAS at elbow, with corrosive oozing. Lach.

ERYSIPELAS of forearm. Lye.

ERYSIPELAS of hands. Graph. Rhodo. Ruta.

ERYSIPELAS of fingers. Thuj.

ERYSIPELAS of lower limbs. Borax. Calc. c. Hep. Puls. Sulph. Zinc. met.

ERYSIPELAS of feet. Puls. Rhus tox. Sulph. Zinc. met.

ERYSIPELAS, excoriating and spreading. Euphorb.

ERYTHEMA, papulous, from sunshine. Acon. Camph. Canth.

ERYTHEMA, papulous (idiopathic). Sulph. Tereb.

ERYTHEMA, pustulous. Arg. nit.

ERYTHEMA nodosum. Sulph. Sulph. ac.

ERYTHEMA, with vesication. Verat. virid.

ERYTHEMA, with rash-like vesicles. Croton tig.

ERYTHEMA of scalp. Puls. nutt.

ERYTHEMA, bright red or bluish, permanent under pressure, mottled with livid patches and deep red spots. Chloral.

ERYTHEMA of face and neck. Gelsem.

ERYTHEMA on right cheek, wings of nose and chin, followed by chapping. Gins.

ERYTHEMA of face. Gels. Juglans cin. Hydrocotyle.

ERYTHEMA, spreading from genitals all over. Merc dule.

ERYTHEMA and rash, on face, chest, back, arms, and thighs. Hydrocotyle.

ERYTHEMATOUS PATCHES, size of a pea, red, rough, scaly, on the face, especially the left side. Plant. maj.

ERYTHEMATOUS swelling of nose. Kali brom.

EXANTHEMATA, spreading from pit of stomach over abdomen and chest. Merc. viv.

EXCRESCENCES (in general). Acon. Agar. Agn. Alum. Ambr. Amm. c. ANT. CRUD. ARN. ARS. *Aur. fol.* BELL. Bry. CALC. c. CARBO AN. CARBO VEG. CAUST. CIC. CLEM. Cocc. Colch. Dig. Euphras. GRAPH. *Hep.* Iod. Kali c. Kreas. *Lach.* LYC. Magn. aus. Mang. Merc. sol. Mez. Nat. c. *Nat. mur.* NITR. AC. *Nux v.* Petr. *Phos.* *Phos. ac.* *Plumb. met.* Puls. Ranunc. bulb. Rhodo. *Rhus tox.* Sabad. *Sabin.* Selen. Sep. SIL. Spong. Stann. STAPH. SULPH. Sulph. ac. *Tart. e.* THUJ. Zinc. met.

EXCRESCENCES on glans penis, small, flesh-colored, emitting a fetid humor and bleeding when touched. Nitr. ac.

EXCRESCENCES on second toe, wart-shaped, leaving a white cicatrix. Spig.

EXCRESCENCES on inner surface of prepuce, like fig-warts, red; also, *smooth, red*, behind glans penis, under prepuce. Thuj.

EXCRESCENCES, FLESHY. Nitr. ac. STAPH. THUJ.

EXCRESCENCES, HORNY. ANT. CRUD. *Ranunc. bulb.* Sulph.

EXCRESCENCES, HUMID. Nitr. ac.

EXCRESCENCES on genitals. Cinnab. Euphras. *Lyc.* Magn. ars. *Nitr. ac.* PHOS. AC. *Sabin.* Staph. *Thuj.*

EXCRESCENCES on soles of feet. ANT. CRUD. Puls.

EXCRESCENCES on toes. ANT. CRUD. Spig.

FELONS, SUPERFICIAL, inflammation of nail root. Graph. Nat. Sulph.

FELONS with proud flesh. *Lach.* Sil.

FELONS from external hurts. Led.

FELONS, inflammation extending to sheaths of tendons and ligaments of joints. Merc. sol.

FELONS, with erysipelatous redness. Nat. sulph. *Rhus tox.*

FELONS, with deep-seated inflammation and bone affection. Sil.

FELONS at root of nails, with swelling of whole phalanx.
Nat. Sulph.

FELONS after Apis. Sulph.

FELONS after Sulphur. Apis.

FRECKLES on face. Alum. Amm. c. Calc. c. Graph.
Lyc. Mur. ac. Nat. c. Nux mosch. Sulph.

FRECKLES on chest. Nitr. ac. Sep.?

FRECKLES on lower limbs. Phos.

FISSURES, BLEEDING. MERC. SOL. Nicc. c. PETR. Puls.
Sarsap. SULPH.

FISSURES, yellow and fetid. Merc. sol.

FISSURES, ulcerated. Bry. Merc. sol.

FISSURES after washing, working in water or getting
wet. Ant. crud. Bry. CALC. c. Cham. Kali c. Lyc.
Nitr. ac. PULS. Rhus tox. Sarsap. Sep. SULPH. Zinc.
met.

FISSURES in scalp. Ruta.

FISSURES in nose. ANT. CRUD. Carbo an. Merc. sol.

FISSURES about and on lips and mouth. Alum. Amm.
c. Amm. mur. Arn. Ars. Arum triph. Bor. c. Bell.
Berb. Bov. BRY. Calc. Canth. Caps. Carbo an.
CARBO VEG. Cham. CHIN. Colch. Coral. Croc. Dros.
Electr. Gins. Graph. Grat. Hep. IGN. Kali c. Kali
hyd. Kreas. Magn. mur. Mang. Mez. NAT. MUR.
Nitr. ac. Oleum an. Paris. Petr. Phos. Phos. ac.
Puls. Sabad. Selen. Squill. Staph. Sulph. Tabac.
Tarax. Tart. e. Verat. alb. SULPH. Zinc. met.

FISSURES on arms. Sil.

FISSURES on hands. ALUM. Bals. peru. Graph. Kali c.
Kreas. LACH. Magn. c. Merc. sol. Nat. c. Nat. mur.
Nitr. ac. PETR. Sil. ZINC. MET.

FISSURES on fingers. Bar. c. Kali c. Mang. Merc.
sol. PETR. Phos. Zinc. met.

FISSURES in joints of fingers. Mang. Phos. Sulph.

FISSURES in soles of feet. Arsen.

FISSURES in heels. Lyc.

FISSURES in toes. Carbo an. *Lach.*

FISSURES in feet in general. *Hep.*

FUNGUS ARTICULARIS after measles. Iod.

FUNGUS HÆMATODES on right breast, large as a peony, with profuse hæmorrhages. *Lach.*

GANGLIA on hands. *Amm. c.* Magn. mur. *Phos. ac.* *Plumb. met.* Rhodo. Sil.

GANGLIA on backs of hands. Sil. Zinc. met.

GANGLIA on back of hand, between third and fourth metacarpal bones. Sil.

GANGLIA on wrists. *Amm. c.* Aur. mur. *Carbo veg.*

GANGLIA on feet. Ferr. mur.

GANGRENE, humid. Chin. Chin. sulph. Hell. Phos. Vip. red.

GANGRENE, hot. Acon. Ars. Bell. Mur. ac. Sabin. Sec.

GANGRENE, cold. Ars. *Asaf.* Bell. Con. *Euphorb.* *Lach.* Merc. sol. *Plumb. met.* Ranunc. bulb. Sec. Sil. *Squill.* Sulph. Sulph. ac. Tart. e.

GANGRENE in spots. Ars. Crotal. hor. *Cycl.* Hyosc.

GANGRENE, BLACK, and on nose. Sec.

GANGRENE of genitals. Ars. *Canth.* Lauro. Plumb. met. Sec.

GANGRENE on arms. Hyosc. *Ranunc. bulb.* Sec.

GANGRENE of lower limbs and feet. Sec.

GANGRENE of feet. Ant. crud. Sec. Tart. e. Vip. torv.

GANGRENE separated from flesh by putrid fluid, with black spots, red areola, and dark subadjacent tissues. Crotal. hor.

GLANDS, BLUE. Arn. Ars. Aur. fol. Carbo an. Carbo veg. Con. Hep. *Lach.* Mang. Merc. sol. Puls. Sil. Sulph. ac.

GLANDS dwindling, withering. Ars. Cham. Chin. *Can.* Iod. Kali c. *Nitr. ac.* Nux mosch. Phos. ac. Sec. Sil. Verat. alb.

GLANDS, hard, indurated. *Agn.* *Amb.* *Amm. c.* *Ant.* *crud.* *Arn.* *Ars.* *Aur. fol.* *BAR. c.* *Bar. mur.* *BELL.* *Bov.* *Bry.* *CALC. c.* *Camph.* *Cann. sat.* *Canth.* *Caps.* *CARBO AN.* *CARBO VEG.* *Caust.* *CHAM.* *Chin.* *CLEM.* *Cocc.* *Coloc.* *Con.* *Cupr. met.* *Cycl.* *Dig.* *DULC.* *Ferr. met.* *GRAPH.* *Hep.* *Hyos.* *Ign.* *Iod.* *Kali c.* *LYC.* *Magn. mur.* *Mang.* *Merc. sol.* *Nat. c.* *Nitr. ac.* *Nux v.* *PETR.* *Phos.* *Plumb. met.* *Puls.* *Rhodo.* *RHUS TOX.* *Sep.* *SIL.* *Spig.* *Spong.* *STAPH.* *Sulph.* *Thuj.* *Verat. alb.*

GLANDS covered with herpes. *Dulc.* *Graph.*

GLANDS under lower jaw affected. *AMM. c.* *Amm.* *mur.* *Arg. fol.* *Arn.* *ARS.* *Aur. fol.* *BAR. c.* *Bell.* *CALC. c.* *Chin.* *Cic.* *Clem.* *Croc.* *Corall.* *Crot. tig.* *Dulc.* *Graph.* *Ign.* *Iod.* *Kali c.* *Kreas.* *Led.* *Lyc.* *Magn. arc.* *Magn. aus.* *Magn. c.* *Merc. sol.* *Mez.* *Nat. c.* *NAT. MUR.* *Nitr. ac.* *PETR.* *Phos.* *Phos. ac.* *Puls.* *Rhus tox.* *Sep.* *SIL.* *Spong.* *Squill.* *Stann.* *STAPH.* *SULPH. AC.* *Verat. alb.* *Zinc. met.*

GLANDS, INGUINAL, affected. *Ars.* *Aur. fol.* *Calc. c.* *Carbo veg.* *Clem.* *DULC.* *Graph.* *Hep.* *Iod.* *Lyc.* *MERC. SOL.* *Nat. c.* *NITR. AC.* *Phos.* *Stann.* *Stram.* *STAPH.* *SULPH.* *Thuj.* *Tereb.*

GLANDS of axilla affected. *Amm. c.* *Amm. mur.* *Ars.* *Bar. c.* *BELL.* *Calc. c.* *Carbo an.* *Clem.* *Coloc.* *Cupr. met.* *Hep.* *Iod.* *Kali c.* *Lyc.* *Nat. mur.* *NITR. AC.* *Phos.* *Phos. ac.* *Rhus tox.* *Sep.* *SIL.* *Staph.* *SULPH.* *Sulph. ac.*

GLANDS of neck affected. *Alum.* *Amm. c.* *Arn.* *Bar.* *mur.* *BELL.* *CALC. c.* *Caps.* *CARBO AN.* *Carbo veg.* *Caust.* *Cinnab.* *Cist.* *Cupr. met.* *Electr.* *Ferr. met.* *Graph.* *Hell.* *Ign.* *Kali c.* *Kreas.* *Lach.* *LYC.* *Magn. mur.* *MERC. SOL.* *Nat. c.* *Nat. mur.* *NITR. AC.* *Phos.* *Puls.* *Selen.* *SIL.* *Spig.* *Spong.* *SULPH.* *Tart. e.* *Viol. tr.*

GLANDS of nape of neck. *Bar. c.* *Calc. c.* *Hell.* *Iod.* *Mur. ac.* *Petr.* *Phos.* *SIL.* *SULPH.*

HERPES, BLEEDING. Dulc. Lye.

HERPES, BROWN, and yellow-brown. Dulc. Lye.

HERPES with rhagades. Graph. Lye. Magn. ac. Nat. mur.

HERPES, DRY. Amm. c. Clem. Dolich. Dulc. Kali hyd. Kreas. Led. Merc. sol. Nicc. c. Nitr. ac. Phos. Phos. ac. Rhus tox. Staph. Sulph. Tax. Thuj. Verat. alb.

HERPES alternating with dysenteric stools and pains in the chest. Rhus tox.

HERPES, FURFURACEOUS. Ars. Bry. Dulc. Kreas. Led. Lye. Merc. sol. Phos. Sulph.

HERPES, grayish-yellow. Sulph.

HERPES, HUMID. Alum. Amm. c. Anath. muric. Bar. c. Bov. Calc. c. Caps. Carbo veg. CAUST. Cic. Clem. Con. DULC. GRAPH. Grat. Hell. Hep. KREAS. Led. LYE. MERC. SOL. Mez. Nat. c. Nat. mur. Oleand. PHOS. AC. Rhus tox. Sep. Sil. SULPH. Syphil.

HERPES, INFLAMED. Amm. c. Graph.

HERPES, MERCURIAL. Aur. fol. Mosch. Nitr. ac.

HERPES, PALE RED. Clem. Dulc.

HERPES, with pustules. Crot. tig. Kreas.

HERPES, RAISED. Magn. c. Merc. sol. Tellur.

HERPES, RED. Amm. c. Ars. Clem. Dulc. Kreas. Lach. Magn. c. Magn. sulph. Oleand. Sulph. Tax. Tellur.

HERPES, with red areola, sensitive to cold water and touch. Dulc.

HERPES, ROUND. Dulc. Hell. Phos.

HERPES, SCURFY, SCALY, SCABBY. Anac. Ars. Bov. Calc. c. Cic. Clem. Coloc. Con. Cupr. met. Dulc. Graph. Kreas. Lach. Led. Lye. Magn. c. MERC. SOL. Nat. mur. Phos. Sep. Staph. Sulph. Teucr. Thuj.

HERPES, SMALL AND SMOOTH. Dulc. Lach. Magn. c. Magn. sulph.

HERPES, SPREADING. Alum. Caps. Carbur. sulph. Dulc. MERC. SOL.

HERPES, SUPPRESSED. Alum. Amb. *Cale. c. Lach. Lyc.* Nat. c. Sep. Sulph.

HERPES, SUPPURATING. Clem. Dulc. Lyc. Merc. sol. Nat. c.

HERPES, SYPHILITIC. Mosch. Nitr. ac. Thuj.

HERPES, with vesicles. Crot. tig. Nitr. ac. Sulph.

HERPES, WHITISH. Anac. Thuj. Zinc. met.

HERPES, YELLOW. Carbur. sulph. Cupr. met. *Dulc.* Hell. Lyc. Sulph.

HERPES, with yellow-brown scales. Carbur. sulph. Cupr. met. Dulc.

HERPES PHLYCTÆNOIDES, on dorsum of left hand; vesicles on red swollen base, containing opaque yellow fluid, which forms thick, yellow scabs. Carbur. sulph.

HERPES, with small white vesicles in groups, forming scab over whole face, especially above nose and around eyes. Sulph.

HERPES CIRCINATUS. Red, elevated rings, distinctly marked, especially on lower extremities. Tellur.

HERPES, with thick crusts. Clem. Lyc. Sulph.

HERPES, red and humid while moon increases, and pale and dry while it decreases. Clem.

HERPES, CORRODING. Caps. Clem. Grat. Nat. mur.

HERPES, in spots. Crotal. hor. Graph. Hyosc. Lyc. MERC. SOL. Mur. ac. Nat. mur. Phos. Sabad. Sarsap. SEP. Sil. Sulph. Zinc. met.

HERPES on head. Bar. c. Cupr. met. Kali c. Petr. Rhus tox.

HERPES on eyelids. Bry. Rhus tox. Sep.

HERPES in external canthus of *left* eye. Tax.

HERPES on ears. Amm. mur. Caust. Cist. Graph. Kreas. Magn. mur. *Oleand.* Sep. Teucr.

HERPES behind ears. Amm. mur. Graph. Mez. *Oleand.* Sep.

HERPES on nose. Nat. c. Nitr. ac. Spig.

HERPES on face. Alum. *Amm. c.* Anac. Ars. Bar. c. Bov. Bry. Calc. c. Caps. *Carbo veg.* Caust. Chel. Coloc. Con. Dulc. Graph. Hep. Kali hyd. Kreas. LACH. LED. Lyc. Merc. sol. Nat. c. NAT. MUR. Nicc. c. Nitr. ac. Petr. Phos. Phos. ac. RHUS TOX. Sabad. Sep. Sil. Sulph.

HERPES on forehead. Badiag. Caps.

HERPES in whiskers. Lach. Nitr. ac.

HERPES on cheeks. Agn. Amb. Anac. Bov. Bry. Caust. Kali hyd. Merc. sol. Nicc. c.

HERPES on chin. Bov. *Carbo veg.* Chel. Nat. mur. Nux. v. Phos. ac. Sil.

HERPES on and about lips and mouth. Anac. Ars. *Carbo veg.* Caust. Magn. c. Nat. c. Nat. mur. Nicc. c. Paris. Phos. Rhus tox. Sarsap. Sep. Syphil.

HERPES at corners of mouth. *Carbo veg.* Lyc. Phos. Sep.

HERPES about the anus and perineum. Ipec. Nat. mur. Petr.

HERPES on scrotum. Crot. tig. Crotal. hor. Nat. mur.

HERPES between scrotum and thigh. Petr.

HERPES on prepuce. Sarsap.

HERPES on labia. Dulc.

HERPES on chest. Magn. c. Petr. Staph.

HERPES on mammæ and nipples. Caust. Dulc.

HERPES in axilla. *Carbo an.* Lyc. Sep.

HERPES on the neck. Lach. Sep.

HERPES on nape of neck. Caust. Lyc. Petr. Sep. Sulph.

HERPES on arms (in general). Con. *Cupr. met.* Dolich. Dulc. Grat. Hell. Kreas. Lach. Lyc. Magn. sulph. Mang. MERC. SOL. Nat. mur. Phos. Sep.

HERPES in bend of elbow. *Cupr. met.* Kreas. Sep. Thuj.

HERPES on upper arm. Grat. Magn. sulph.

HERPES on forearm. *Con.* Magn. sulph. Mang. MERC.
SOL. NUX V.

HERPES on wrists. Merc. sol.

HERPES on hands. DULC. IPEC. Kreas. Merc. sol.
Nat. c. Sarsap. Sep. Staph. Verat. alb. ZINC. MET.

HERPES on backs of hands. Nat. c. Sep.

HERPES on palms of hands. Lycoper. escul.

HERPES on fingers. Amb. Caust. GRAPH. Merc.
sol. Nitr. ac.

HERPES on third finger of *left* hand. Caust.

HERPES between thumb and index finger. Ambr.

HERPES between fingers. Ambr. Merc. sol. Nitr. ac.

HERPES on nates and hips. Borax. Caust. Nicc. c.

HERPES on thighs. *Graph.* Kali c. MERC. SOL. Mur.
ac. Nat. mur. Nitr. ac.

HERPES on knees. Ars. *Carbo veg.* Dulc. *Graph.*
Kreas. Merc. sol. NAT. MUR. *Petr.* Phos.

HERPES on calves of legs. Ars. Calc. c. Dolich.
Graph. Kali c. *Lach.* Lyc. Magn. c. Sarsap. Staph.

HERPES on feet and ankles. *Nat. mur.* *Petr.* Sulph.

HERPES on toes. Alum.

HERPES on edge of tibia. *Graph.* Lyc.

HERPES on the back. *Lach.* Zinc. met.

HERPES in the bend of the knee. Nat. mur.

HERPES in bends of all joints. Staph.

INTERTRIGO, with rawness of opposed surfaces. Carbo
veg. Merc. sol.

INTERTRIGO oozing freely. Bar. c. *Graph.*

INTERTRIGO bleeding much. Lyc. Merc. sol.

INTERTRIGO offensive in smell. Lycop.

INTERTRIGO with transparent glutinous discharge.
Graph.

INTERTRIGO with rhagades. Agn. Phos.

INTERTRIGO from walking or riding horseback. Ruta.
Sulph. ac.

INTERTRIGO, with ulceration and gangrene. Sulph. ac.

INTERTRIGO spreading by pimples beyond the main excoriation becoming merged into the old sore. Hep.

INTERTRIGO in bend of joints. Mang. Oleum an. Sep. Squill.

INTERTRIGO behind ears. Graph. Petr. Sulph.

INTERTRIGO about nipples. Anath. muric. Bals. peru. Phytol.

INTERTRIGO about arms. Amm. c. Agn.

INTERTRIGO between thighs Amm. c. Borax. Cham. Graph. Hydras. Ign. Rhus tox. Sulph.

INTERTRIGO between toes. Nat. c.

LEPRA VULGARIS, obstinate, on arms. Iris ver.

LEPROSY, loss of sensation ; toes fall off. Lach.

LICHEN, little tubercles with hard scurf on instep ; with red and thickened skin. Nux jug.

LICHEN in face and behind ears ; dry and pimply, skin rough. Staph.

LUPUS exedens ; abundant discharge of pus. Hydrocotyle.

LUPUS, suppurating. Calc. c. Hydroc. Sulph.

LUPUS, sarcomatous. Bar. c.

LUPUS on head. Calc. c. Lyc.

LUPUS on face. Cist.

LUPUS on lobes of ears. Nitr. ac.

LUPUS on the elbows. Hep.

MACULÆ of old people. Ars. Bar. c. Con. Lach. Vip. red.

MEASLES, after-effects. Ars. Bry. Dulc. Iod. Nux v. Phos. Puls. Rhus tox. .

MEASLES, SUPPRESSED. Phos. Puls. Rhus tox.

MEASLES, burning heat, alternating with cold extremities. Verat. alb.

MEASLES, eruption livid. Lach.

MEASLES, eruption tardy in appearing. Ipec. Verat. alb.

MEASLES pronounced catarrhal symptoms. Gelsem.

NAILS DECAYED. Alum. GRAPH. Merc. sol. Sabad. Sep. *Sil. Sulph.*

NAILS, BRITTLE, breaking off. ALUM. Calc. c. Graph. Merc. sol. Sabad. Sep. *SIL. Sulph. Thuj.*

NAILS, DISCOLORED. *Ant. crud.* Ars. *Graph.* Mur. ac. *Nitr. ac.* *Sil. Sulph. Thuj.*

NAILS, DISTORTED. Alum. Calc. c. *Graph.* Hydrocotyle. Merc. sol. Sabad. *Sep. Sil. Sulph.*

NAILS FALL OFF. Ars. Hell. GRAPH. *Merc. sol. Sec.* Sep.

NAILS GROW INTO FLESH. Colch. Graph. Kali c. MAGN. ARS. *Sil. Sulph.* Teucr.

NAILS, SPLIT. *SIL. Sulph.*

NAILS, THICKENED. Alum. Calc. c. GRAPH. Merc. sol. Sabad. Sep. *SIL. Sulph.*

NAILS GROW INTO FLESH, especially of great toe. Magu. ars.

NÆVI MATERNI, bright red, round, flat aneurisms by anastomosis, bleeding profusely when touched or wounded. Carbo veg.

NÆVI MATERNI, arterial capillaries. Calc. c. Lyc.

NÆVI MATERNI, venous capillaries. Carbo veg. Lyc. Nux v.

NETTLE-RASH coming out after scratching. China.

NETTLE-RASH in spots. Berb. Copaiv. Merc. sol.

NETTLE-RASH after *Puls.* Sulph.

NETTLE-RASH, vesicular. Psor. Triost. Urtica.

NETTLE-RASH in nodules. Puls. nutt. Urtica.

NETTLE-RASH changing to red spots. Merc. sol.

NETTLE-RASH, frequent attacks, with fine vesicles on the top, which dry up and scale off. Psor.

NETTLE-RASH, irregular, round nodules, elongated and annular, with a red base turning white when scratching. Puls. nutt.

NETTLE-RASH, with redness and swelling. Rhus tox.

NETTLE-RASH breaking out during a walk in cold air and disappearing in a warm room. Sep.

NETTLE-RASH attending or preceding rheumatism. *Urtica*.

NETTLE-RASH on face. *Ant. crud.* *Sep.* *Triost.*

NETTLE-RASH on genitals. *Tart. e.*

NETTLE-RASH on back. *Sil.*

NETTLE-RASH on chest. *Sep.* *Triost.*

NETTLE-RASH on arms. *Berb.* *Sep.* *Triost.*

NETTLE-RASH on hands. *Berb.* *Euphorb.* *Hep.* *Hyperic.* *Nat. c.* *Nat. mur.* *Nat. sulph.* *Sulph.*

NETTLE-RASH on fingers. *Hep.* *Hyperic.* *Urtica.*

NETTLE-RASH on hip. *Sulph.*

NETTLE-RASH on thigh. *Caust.* *Zinc. met.*

NETTLE-RASH on legs. *Aur. fol.*

NODOSITIES in general. *Agn.* *Amm. c.* *Ant. crud.* *Arn.* *Aur. fol.* *Borax.* *Calc. c.* *Carbo an.* *Caust.* *Clem.* *Cic.* *Dig.* *Graph.* *Hep.* *Lach.* *Led.* *Lyc.* *Merc. sol.* *Nitr. ac.* *Phos.* *Puls.* *Ranunc. bulb.* *Rhus tox.* *Rhus vern.* *Sabin.* *Sep.* *Sil.* *Staph.* *Sulph.*

NODOSITIES, HORNY. *Ant. crud.* *Graph.*

NODOSITIES, RED. *Cann. sat.* *Iod.* *Kali bich.* *Sabad.* *Thuj.*

NODOSITIES, OOZING. *Staph.*

NODOSITIES on wrists. *Calc. c.*

NODOSITIES on finger joints. *Agn.* *Calc. c.* *Clem.* *Graph.* *Lyc.* *Sulph.*

NODOSITIES, blue-red, with desiccated points at tip, on both mammæ. *Iod.*

NODOSITIES, large, with red swelling on nose. *Cann. sat.*

NODOSITIES on face. *Cann. sat.* *Magn. c.* *Puls.* *Rhus vern.* *Thuj.*

NODOSITIES on temples. *Magn. c.* *Thuj.*

NODOSITIES on arms. *Magn. c.* *Sabad.*

NODOSITIES on hands. *Graph.*

NODOSITIES on thighs and legs. *Kali bich.* *Lach.* *Phos.* *Therid.*

NODOSITIES on feet. Lyc. (Soles of feet.) Sil.

NODOSITIES, white, on toes. Thuj.

NODOSITIES in axilla, and in front of left shoulder. Magn. c.

NODOSITIES, hard, reddish, with depressed dark scurf in centre, surrounded by an inflamed base, on thighs and legs. Kali bich.

PAPULES in groups. Copaiv. Hydrocotyle.

PAPULES, RED. Gum. gut. Plant. maj.

PAPULES on hands, first pale and then red. Gum. gut.

PAPULES, PURPLE. Hydrocotyle.

PAPULES on face; hard, white, flat, isolated; thighs, with a red point in centre; yellow exudation forming a crust. Plant maj.

PEMPHIGUS, each bullæ surrounded by an inflamed, red base. Rhus tox.

PETECHIÆ. Ailanth. Berb. Canth.

PETECHIÆ, small, dingy and red, with spots on forearms and backs of hands. Berb.

PHLYCTENÆ, especially on the extremities. Elaps. cor.

PETECHIÆ-LIKE SPOTS. Arn. Ars. Bell. Berb. Bry. Con. Hyosc. Lach. Led. NUX v. Phos. RHUS TOX. Ruta. Sec. Sil. Stram. Sulph. ac.

PIMPLES in general. ACON. Agar. Agn. Alum. Amb. Amm. c. Amm. mur. Anac. Ang. ANT. CRUD. Arg. fol. Arn. ARS. Asaf. Asar. Aur. fol. Aur. mur. Bar. c. Bar. mur. BELL. Berb. Bism. Borax. Bov. BRY. Calad. Calc. c. Camph. Cann. sat. Canth. Caps. Carbo an. Carbo veg. CAUST. CHAM. Chel. Chin. Cic. Cinnab. Clem. Cocc. Coff. Colch. Coloc. Con. Corall. Crotal. horr. Crotal. cascav. Croc. Cupr. met. Cycl. Dig. Dulc. Electr. Euphorb. Euphr. Graph. Grat. Guaj. Hell. Hep. Hydras. Hydroco. Jatroph. Ign. Iod. Ipec. Kali bich. Kali c. Kali chlor. Kali hyd. Kreas. Lach. Lauro. Lyc. Magn. arc. Magn. aus. Magn. c. Magn. mur. Magn.

sulph. Mang. Meny. MERC. SOL. Mez. Mosch. Mur. ac. Nat. c. NAT. MUR. Nat. sulph. NITR. AC. Nux mos. Nux v. Oleand. Oleum an. Op. Paris. Petr. PHOS. PHOS. AC. Plat. PULS. Ranunc. bulb. Ranunc. scler. Rhodo. RHUS TOX. Ruta. Sabad. Sabin. Samb. Sarsap. Sec. Selen. Seneg. SEP. Sil. Spig. *Spong.* Squill. Stann. STAPH. Stram. Stront. SULPH. Tab. Tarax. *Tart. e.* Tereb. Teucr. Thuj. Val. Verat. alb. Verb. Viol. od. Viol. tr. Vip. red. Vip. torv. *Zinc. met.*

PIMPLES, acuminated. *Ant. crud.* Ars. Dulc. Tart. e.

PIMPLES, ACNE-LIKE. BELL. Carbo veg. Hep. Lach.

PIMPLES, BLACK. Carbo veg. Spig.

PIMPLES, BLEEDING, sanguineous. Paris. Rhus. rad. Stront. Thuj.

PIMPLES close together. Cham. Staph. Thuj. Verat. alb.

PIMPLES bleed when scratched. Arg. nit. Menesper. coc. Mosch.

PIMPLES in clusters. Berb. Cham. Lyc. Verat. alb.

PIMPLES, CONFLUENT. Cic. Hyosc. Mur. ac. Phos. ac. Val.

PIMPLES cracked open. Merc. acet.

PIMPLES with crusts. Calc. c. Merc. sol. Squill.

PIMPLES, DRY. Bov. Hyosc. Iod. Kreas. Sarsap.

PIMPLES, FLAT, broad. Ant. crud. Berb. Taxus.

PIMPLES with green crusts. Calc. c.

PIMPLES, HARD. Bov. Calad. Rhus tox. Sabin. Taxus. Val.

PIMPLES, HUMID, moist. CALC. c. Graph. Kali c. Nat. sulph. Oleum an. Puls. Sil. Sulph. Thuj. Zinc. met.

PIMPLES, moist after scratching. Calc. acet. Kali nit.

PIMPLES, INFLAMED. Agar. Arn. Berb. Kali c. Pedic. cap. Petr.

PIMPLES, MILIARY. Agar. Amm c. Ant. crud. Ars. Cocc. Elaps. cor. Grat. Kali c. Kreas. Pedic. cap.

PIMPLES, POCK-SHAPED. *Ant. crud.* *Arn.* *Ars.* *Petr.* *Tart. e.*

PIMPLES RAISED, elevated. *Bry.* *Crotal. cascav.* *Taxus.* *Val.*

PIMPLES, RED. *Acon.* *Alum.* *Amm. c.* *Anath. muric.* *Ant. crud.* *Arn.* *Bell.* *Berb.* *Bov.* *Bry.* *Calad.* *Calc. phos.* *Carbo veg.* *Caust.* *Cham.* *Chel.* *Cic.* *Cina.* *Cocc.* *Crotal. cascav.* *Crotal. hor.* *Cycl.* *Dros.* *Dule.* *Elaps. cor.* *Hura bras.* *Iod.* *Kali c.* *Lach.* *Led.* *Lye.* *Magn. c.* *Mez.* *Pedic. cap.* *Phos.* *Phos. ac.* *Plumb. met.* *Rhodo.* *Rumex.* *Sarsap.* *Sep.* *Spig.* *Squill.* *Staph.* *Stront.* *Sulph.* *Taxus.* *Teucr.* *Thuj.* *Val.* *Verat. alb.* *Zinc. met.*

PIMPLES with red areola. *Anac.* *Berb.* *Bov.* *Calad.* *Canth.* *Cycl.* *Elaps. cor.* *Nitr. ac.* *Pedic. cap.* *Phos. ac.* *Samb.* *Tarax.* *Thuj.*

PIMPLES, SCALY, SCURFY. *Bell.* *CALC. c.* *Carbo an.* *Cham.* *Con.* *Dros.* *Hep.* *Mang.* *Merc. sol.* *Mur. ac.* *OLEAND.* *Petr.* *Rhus rad.* *Sabin.* *Staph.*

PIMPLES like SCABIES. *Ant. crud.* *Arg. nit.* *Bar. mur.* *Bry.* *Con.* *Kali hyd.* *Kreas.* *Rhus tox.* *Selen.* *Squill.* *Tart. e.*

PIMPLES, SUPPURATING. *Amm. mur.* *Anthrak.* *Ant. crud.* *ARS.* *Aur. fol.* *Bar. c.* *Bell.* *Berb.* *Calad.* *Calc. phos.* *Canth.* *Caust.* *Cham.* *Cic.* *Clem.* *Cocc.* *Con.* *Croton. tig.* *Cycl.* *Dule.* *Elaps. cor.* *Graph.* *Grat.* *Hep.* *Hydroc.* *Hyosc.* *Kali bich.* *Kali c.* *Kali chlor.* *Kreas.* *Lach.* *Lyc.* *Magn. arc.* *Magn. c.* *Magn. mur.* *MERC. sol.* *Mez.* *Nitr. ac.* *Op.* *Petr.* *Phos. ac.* *Plumb. met.* *Puls.* *RHUS TOX.* *Samb.* *Sarsap.* *Sec.* *Sep.* *Sil.* *Spig.* *STAPH.* *Stram.* *SULPH.* *TARAX.* *TART. E.* *Thuj.* *Verat. alb.* *Zinc. met.*

PIMPLES, transparent and semi-transparent. *Berb.* *Con.*

PIMPLES about (surrounding) ulcers. *Cham.* *Sulph.*

PIMPLES full of water. *Coloc.* *Thuj.*

PIMPLES, WHITISH. *Ars.* *Bov.* *Calad.* *Carbo veg.*

Chel. Coloc. Con. Cycl. Dule. Elaps. cor. Kali c. Magn. arc. Magn. mur. Mang. Nat. c. Nat. mur. Pedic. cap. Petr. Phos. ac. Staph. Sulph. Val. Zinc. met.

PIMPLES with white tips. Ant. crud. Ars. Crotal. cascav. Hura bras. Phos. ac. Puls. Tart. e.

PIMPLES with yellow tips. Ant. crud. Grat. Magn. mur. Zinc. met.

PIMPLES changing to ulcers. Merc. sol. Nitr. ac. Phos. ac.

PIMPLES, SMOOTH. Mez. Phos. ac.

PIMPLES with a black point in centre. Calc. sulph. Crotal. cascav.

PIMPLE changing to a wart. Caust.

PIMPLES preceded by itching, and brought out by scratching. Bry. Graph. Merc. sol.

PIMPLES size of a millet or lentil. Acon. Ars. Bov. Cic. Phos. ac.

PIMPLES, LARGE. Ant. crud. Bell. Con. Hura bras. Spong. Taxus.

PIMPLES like vesicles. Ant. crud. Pedic. cap. Puls.

PIMPLES, PURULENT. Anthrak. Nux v. Paris. Thuj.

PIMPLES, SMALL. Ant. crud. Arg. nit. Ars. Berb. Bry. Hura bras. Iod. Kali bich. Led. Merc. sol. Mosch. Nux v. Pedic. cap. Rumex. Selen. Sep. Staph. Thuj. Val. Zinc. met.

PIMPLES with pus in tip. Anac. Berb. Graph. Squill. Staph. Thuj.

PIMPLES filled with an acrid fluid. Acon. Con. Graph.

PIMPLES filled with serum. Acon. Ars. Elaps. cor. Puls. Rhus rad.

PIMPLES with yellow-brown scurf, or crusts. Ant. crud. Calc. acet. Kreas.

PIMPLES on scalp. Agar. Alum. Anac. Ant. crud. Amb. Arg. fol. Ars. Bar. c. Bar. mur. Berb. Bov. Calc. c. Clem. Con. Crotal. cascav. Cycl. Hell. HEP.

Kali c. L^{ED}. Lyc. Magn. arc. Mur. ac. Nat. c. *Nat. mur.* Nux v. Oleand. Paris. Petr. Puls. Rhus tox. Sil. Tarax. Zinc. met.

PIMPLES on eyelids. Alum. Canth. Chel. Hep. Lyc. Nat. mur. Rhus tox. Selen. Seneg.

PIMPLES on ears. Agar. Amm. c. Berb. Cic. Kali c. Kreas. Mur. ac. Nat. mur. Petr. Phos. Sabad. Selen. Spong. Staph. Verb.

PIMPLES behind ears. Pallad.

PIMPLES below ears (on neck). Selen.

PIMPLES on nose. AMM. c. *Anac.* Arn. Bar. c. Bell. Bov. CALC. c. Canth. Carbo. veg. CAUST. Clem. Cocc. Dulc. Euphr. *Graph.* Guaj. *Kali c.* Kali hyd. Lach. Magn. ac. Mang. *Nat. c.* *Nat. mur.* Oleum an. Oxal. ac. Pallad. Petr. *Phos.* *Phos. ac.* Ratanh. *Sep.* *Sil.* Sulph. Tarax. Taxus. Teucr. Thuj.

PIMPLES on face. Acon. Agar. Alum. Ambr. Amm. c. Amm. mur. ANT. CRUD. Arn. Ars. Asclep. tuber. Aur. fol. BAR. c. *Bell.* Berb. Borax. *Bov.* *Bry.* CALC. c. Canth. Carbo an. Carbo veg. Caust. *Cham.* Chel. Cic. Clem. *Cocc.* Coloc. Con. Crotal. horr. Dros. Dulc. Eugen. GRAPH. Hep. Indig. *Kali c.* Kali chlor. Kali hyd. KREAS. Lach. Led. Lyc. Magn. c. Magn. mur. Magn. sulph. Menisperm. can. Meph. Meny. MERC. SOL. Mosch. Mur. ac. Nabul. serp. Nat. c. NAT. MUR. Nat. sulph. *Nitr. ac.* Nux v. Oleum an. Pallad. Pedic. cap. Petr. *Phos.* *Phos. ac.* Psor. Rhodo. Rhus rad. Rhus tox. Sabin. Sarsap. *SEP.* *Sil.* Stann. *Staph.* SULPH. Tabac. Tarax. Tart. e. Thuj. Verat. alb. Vinc. min. Zinc. met.

PIMPLES in faces of very young persons. Carbo veg. Hep.

PIMPLES on forehead. Acon. Ars. Berb. Calc. c.

Gelsem. Hep. Hura bras. Kali chlor. Kreas. Led. Meph. Nitr. ac. Paris. Pedic. cap.

PIMPLES on chin. Alum. Ambr. Anac. Ant. crud. Bell. Berb. Calc. c. Canth. Caust. Cic. Clem. Con. Dros. Dule. Hep. Hydrast. Hyosc. Kali chlor. Kreas. Lauro. Lyc. Magn. aus. Merc. viv. Nabul. serp. Nat. c. Nat. sulph. Nitr. ac. Nux mosch. Nux. v. Oleand. Paris. Phos. ac. Rhus tox. Sabin. Sarsap. Sep. Sil. Spig. Spong. Sulph. Thuj. Verat. alb. Verb. Zinc. met.

PIMPLES about lips and mouth. Acon. Amm. mur. Ant. crud. *Bar. c.* BELL. Berb. Bov. BRY. Calc. c. Cann. sat. Canth. Caps. Carbo veg. Caust. Chin. Chin. sulph. Coloc. Con. Dule. Elaps. cor. Graph. Hep. Hell. Hydrast. Hyosc. Ign. Ipec. Kali c. Kreas. Led. Magn. arc. Magn. mur. Meny. Merc. sol. Mur. ac. Nabul. serp. Nat. c. Nicc. c. Nux v. Paris. Rhodo. *Rhus tox.* Ruta. Samb. Sep. Spig. Spong. Squill. Sulph. Tarax. Teucr. Thuj. Verat. alb. Zinc. met.

PIMPLES on cheeks. Berb. Calc. acet. Hura bras. Kreas. Nux v. Rhus tox. Tarax.

PIMPLES on temples. Cocc. Nitr. ac. Pedic. cap.

PIMPLES on abdomen. Ars. Bar. mur. Bry. Cham. Dule. Nat. c. Nat. mur. Petr.

PIMPLES about anus. Carbo veg. Kali c. Nitr. ac.

PIMPLES on perineum. Nit. ac.

PIMPLES on genitals (in general). Ambr. *Con.* Graph. Kali c. Lach. Magn. aus. Merc. sol. Nat. mur. Nitr. ac. Phos. ac. Sil. Tart. e. Thuj. Zinc. met. Sulph.

PIMPLES on glans penis. Jacar. car. Lach. Magn. aus. Nit. ac. Phos. ac.

PIMPLES on scrotum. Phos. ac. Thuj. Zinc. met.

PIMPLES on prepuce. Arn. Magn. aus. Nit. ac. Sil.

PIMPLES on mons veneris. Ambr. Con. Kali c. Sil.

PIMPLES on labia. Con. Graph. Kali c. Merc. sol. Nat. mur. Verat. alb.

PIMPLES between scrotum and thigh. Petr. Selen.

PIMPLES on chest. Amm. c. Ant. crud. Arg. nit. Bell. Berb. Borax. Bov. Calad. Calc. c. Canth. Chin. Cocc. Con. Dule. Evon. Gins. *Hep.* Iod. Kali c. *Lach.* Led. Magn. mur. Nat. c. Phos. ac. *Plumb. met.* *Rhus tox.* Squill. Staph. Stront. Tabac. Val. Verat. alb. Zinc. met.

PIMPLES in axilla. Cocc. Phos.

PIMPLES on neck. Ant. crud. Arn. Aur. fol. Berb. Bov. *Cinnab.* Clem. Gelsem. Gins. Hep. Lye. Magn. arc. Magn. c. Meph. Mez. Pedic. cap. Phos. ac. *Puls.* Spig. Spong. *Squill.* Staph. Stann. Sulph. *Thuj.* Verat. alb.

PIMPLES on nape of neck. Acon. Amm. c. Arn. Bar. mur. Bell. Berb. Borax. Calc. c. Carbo veg. Hep. Kali c. Lye. Magn. aus. Magn. c. Nat. c. Pedic. cap. Sil. Staph.

PIMPLES on neck, under chin. Ant. crud. Puls. Spong.

PIMPLES on back. Alum. Arg. nit. Bell. Berb. Calc. c. Carbo veg. Cham. Cocc. Con. Digit. Iod. Kali c. *Lach.* Led. Lye. Magn. mur. Meph. Millef. *Nat. mur.* Pedic. cap. Phos. ac. Puls. Sarsap. *Selen.* *Squill.* Sulph. Tabac. Zinc. met.

PIMPLES on loins. Cham. Chin.

PIMPLES on scapulæ. Ant. crud. Bell. Berb. Crotal. hor. Kali chlor. Lye. Magn. mur. Mosch. *Puls.* Ratanh. Squill.

PIMPLES between scapulæ. Cocc. Lye. Spong.

PIMPLES on small of back. Calc. Tabac.

PIMPLES on upper arms. Anac. Ant. crud. Asclep. tuber. Bell. Carbo veg. Chin. *Dule.* Iod. *Kali c.* *Lach.* *Lauro.* Mosch. Pedic. cap. Sulph. Taxus. Val.

PIMPLES on forearm. Amm. c. Amm. mur. Ant. crud. Asclep. tuber. Bell. Bov. Calad. *Cruet.* Chin. Iod. Kali nit. Lach. Lauro. Lyc. Magn. c. *Mugn. sulph.* Nat. sulph. Pedic. cap. Phos. ac. Ratanh. Rhodo. Sabad. Sarsap. Sulph. Tart. e. *Taxus.* Thuj. Val. Zinc. met.

PIMPLES on shoulders. Ant. crud. Berb. Cocc. Hura bras. Kali c. Magn. c. Mosch. Pedic. cap. Zinc. met.

PIMPLES on elbows. Amm. mur. Ant. crud. Bell. Berb. Bry. *Dulc.* *Hyosc.* Lach. Nat. c. *Sabin.* Sep. *Staph.*

PIMPLES in bends of elbows. Ant. crud. *Hyosc.* Hura bras. Oleum an. Phos. Sep. Thuj.

PIMPLES on hands. Agar. Amm. mur. Ant. crud. Ars. Bov. Canth. Cic. Elaps. cor. *Kreas.* Lyc. Mur. ac. Paris. Pedic. cap. *Rhus tox.* Selen. Tarax. Zinc. met.

PIMPLES on wrists. Bar. c. Bry. Cycl. Elaps. cor. *Rhus tox.* Tart. e.

PIMPLES on back of hands. Agar. Amm. mur. Canth. Carbo veg. Kali chlor.

PIMPLES on fingers. Anac. Ant. crud. Arn. Ars. Berb. Canth. Cycl. Elaps. cor. Kali c. Lyc. Magn. c. Mur. ac. Phos. ac. Spig. Squill. Tabac. Tarax. Therid. Zinc. met.

PIMPLES between fingers. Ars. Phos. ac. Puls.

PIMPLES on thumbs. Ant. crud. Kali c. Lyc. Therid.

PIMPLES between thumb and index finger. Arn. Bry. Canth.

PIMPLES on nates and hips. Ant. crud. Bar. c. Berb. Bry. Calc. c. Cann. sat. Canth. Graph. Hura bras. Magn. c. Merc. sol. Meph. Nux v. Petr. Selen. Thuj.

PIMPLES on thighs. Agar. Ant. crud. Bar. mur. Berb. Bry. Bov. Calc. c. Cann. sat. Chel. Cocc.

Elaps cor. *Kali c.* *Kali chlor.* *Lach.* *Magn. c.* *Mang.*
Meph. *Mez.* *Nat. mur.* *Pedic. cap.* *Petr.* *Phos.*
Rhodo. *Sarsap.* *Selen.* *Stann.* *Staph.* *Sulph.* *Thuj.*
Zinc. met.

PIMPLES on buttocks. *Camph.* *Selen.* *Thuj.*

PIMPLES on knees. *Ant. crud.* *Bry.* *Hep.* *Hura.*
Nicc. c. *Pedic. cap.* *Phos. ac.* *Puls.* *Sarsap.* *Sep.*
Sulph. *Thuj.* *Zinc. met.*

PIMPLES on calves of legs. *Agar.* *Arg. nit.* *Asclep.*
tuber. *Bov.* *Bry.* *Calc. caust.* *Elaps. cor.* *Hura bras.*
Kali bich. *Lach.* *Nat. c.* *Pedic. cap.* *Phos. ac.* *Puls.*
Rumex. *Sabin.* *Sarsap.* *Sep.* *Staph.* *Zinc. met.*

PIMPLES on feet. *Ars.* *Bov.* *Borax.* *Con.* *Led.*
Mosch. *Selen.* *Sep.* *Sulph.* *Zinc. met.*

PIMPLES on soles of feet. *Con.*

PIMPLES on dorsum of feet. *Led.* *Mosch.*

PIMPLES on toes. *Borax.* *Sulph.* *Zinc. met.*

PIMPLES between toes. *Mosch.* *Sulph.*

PITYRIASIS in spots on scalps of fair-haired strumous girls. *Lyc.*

POCKS in general. *Acon.* *Amm. mur.* *ANT. CRUD.*
ARN. *ARS.* *Bell.* *Bry.* *Canth.* *Clem.* *Cocc.* *Hydroc.*
HYOSC. *Lach.* *Merc. sol.* *Puls.* *RHUS TOX.* *Sec.* *Sil.*
Stram. *Sulph.* *TART. E.* *Thuj.*

POCKS, SUPPURATING. *Ars.* *Bell.* *Merc. sol.* *Sulph.*
Thuj.

POCKS, BLACK. *Ant. crud.* *Ars.* *BELL.* *Bry.* *Hyosc.*
LACH. *Mur. ac.* *Rhus tox.* *Sec.* *Sep.* *Sil.* *Spig.*

POCKS, WHITE. *Iod.* *Lyc.*

POCKS ON NOSE. *Canth.* *MERC. SOL.*

POCKS ON CHEST. *Alum.* *Led.* *Tart. e.*

POCKS ON BACK. *Hydroc.* *Tart. e.* *Zinc. met.*

POCKS ON ARMS. *Ars.* *Hydroc.* *Sep.*

POCKS of different kinds, also see *Small-pox*, *Varicellæ*,
Varicellæ Conoides, etc.

PORRIGO, in infants, on left side of scalp; spots round

and dry, slightly raised, red at edges, with bran-like scales in the centre. Samb.

PROUD FLESH in ulcers. Alum. Ant. crud. ARS. Bell. *Carbo an.* Carbo veg. Caust. Cham. Graph. Kreas. Lach. Merc. sol. Petr. Phos. Sabin. Sep. Sil. Staph. Sulph. Thuj.

PSORIASIS in back of index finger of right hand. Skin hard, hypertrophied, and covered with thick white scales. Teucr.

PSORIASIS on knees, elbows, legs, and eyebrows. Phos.

PSORIASIS INVETERATA. Dry, scaly eruption on backs of hands. Sulph.

PSORIASIS in relievo. Skin fissured and irritable; irregular patches all over, but on knees and elbows especially, with shining scales, and slightly raised, irregular edges. Iris vers.

PUS leaving a black stain. Bry. Chin. Lyc. Sulph.

PUS, BLOODY. Arg. fol. Arn. ARS. *Asaf.* Bell. *Carbo veg.* Caust. Con. Croc. Dros. HEP. Hyosc. Iod. Kali c. Kreas. Lach. Lyc. MERC SOL. Mez. Nat. mur. Nitr. ac. Phos. Phos. ac. Puls. Rhus tox. Ruta. Sabin. Sec. Sep. Sil. Sulph. Sulph. ac. Tart. e. Zinc. met.

PUS, BROWNISH. Anac. Ars. Bry. Calc. c. Carbo veg. Con. Puls. Rhus tox. Sil.

PUS, CORROSIVE. Amm. c. Anac. ARS. Bell. Calc. c. *Carbo veg.* CAUST. Cham. Chel. Clem. Con. Cupr. met. Graph. Hep. Ign. Iod. Kreas. Lach. Lyc. MERC SOL. Mez. Nat. c. Nat. mur. Nitr. ac. Nux v. Phos. Plumb. met. Puls. *Ranunc. bulb.* Ranunc. scel. RHUS TOX. Ruta. Sep. SIL. Spig. Squill. Staph. Sulph. Sulph. ac. Zinc. met.

PUS, FETID. Amm. c. ARS. *Asaf.* Aur. fol. Bar. mur. Bell. Bov. Bry. Calc. c. Caust. CARBO VEG. Chel. Chin. Chin. sulph. Cic. Con. Cycl. Graph. HEP. Kreas. LACH. Lyc. Mang. Merc. sol. Mez.

Mur. ac. Nat. c. Nitr. ac. Nux mosch. Nux v. Phos.
Phos. ac. Plumb. met. Puls. Rhus tox. Ruta. Sabin.
Sec. Sep. SIL. Staph. Stann. SULPH. Sulph. ac.
Thuj. Vip. red.

PUS, GELATINOUS. Arg. fol. Arn. Bar. c. Cham.
Ferr. met. Merc. sol. Sep. Sil.

PUS, GRAY. Ambr. Ars. Carbo an. CAUST. Chin.
Lyc. Merc. sol. Sep. *Sil.* Thuj.

PUS, GREENISH. Ars. *Asaf.* Aur. fol. Carbo veg.
Caust. Kreas. MERC. SOL. Nat. c. Nux v. *Puls.*
Rhus tox. Sep. *Sil.* Staph.

PUS full of maw-worms. Ars. Calc. c. Merc. sol.
Sabad. Sil. Sulph. Squill. *Staph.* Sulph. Tart. e.
Vip. red. Vip. torv.

PUS, smelling like old cheese. Calc c. HEP. Merc.
sol. Sulph.

PUS, PALE RED. Phos. Plat. Puls. Rhodo. Rhus
tox.

PUS, SALT. *Amb.* Ars. Bar. c. Calc. c. *Graph.*
LYC. Magn. c. Magn. mur. Merc. sol. NAT. c. *Petr.*
Phos. *Puls.* SEP. *Sil.* Stann. Staph. Sulph. Zinc.
met.

PUS, SOUR-SMELLING. Calc. c. Graph. HEP. Merc.
sol. Nat. c. Sep. Sulph.

PUS, THIN. ASAF. Carbo veg. Caust. Dros. Iod.
Kali c. *Lyc.* MERC. SOL. Nitr. ac. Plumb. met. Puls.
Ranunc. bulb. Ranunc. scel. Rhus tox. Ruta. *Sil.*
Staph. *Sulph.* Thuj.

PUS, WATERY. ARS. ASAF. Calc. c. *Carbo veg.*
CAUST. Clem. Con. Dros. *Graph.* Iod. Kali c.
Lach. *Lyc.* Merc. sol. Nitr. ac. Nux v. Plumb. met.
Puls. Ranunc. bulb. Ranunc. scel. *Rhus tox.* Ruta.
Sil. *Squill.* *Staph.* *Sulph.* Thuj.

PUS, MILKY. Amm. c. Ars. Calc. c. Carbo veg.
Hell. *Lyc.* Nat. mur. *Puls.* Sep. Sil. Sulph.

PUS, YELLOW. Acon. Amb. Amm. c. Anac. Arg.

Arg. fol. Ars. Aur. fol. Bov. BRY. CALC. c. Caps.
CARBO VEG. CAUST. CIC. *Clem.* Con. Croc. Dule.
Graph. Hep. Iod. Kreas. Lye. Magn. c. Mang.
Merc. sol. Nat. c. Nat. mur. *Nitr. ac.* Nux v. *Phos.*
PULS. Rhus tox. Ruta. Sec. Selen. SEP. *Sil.* Spig.
Staph. Sulph. ac. Thuj. Viol. tr.

PUSTULES, in general. Amm. mur. Anthrak. Ant.
crud. ARS. Aur. fol. Bar. c. BELL. Berb. Calc.
phos. Canth. Caust. Cham. CIC. *Clem.* Cocc. Con.
Crot. tig. Cycl. *Dulc.* Eryng. Graph. Grat. Hep.
Hydroc. HYOSC. Kali c. Kali chlor. Kreas. Lach.
Lye. Magn. arc. Magn. c. Magn. mur. MERC. SOL.
Mez. *Nitr. ac.* Op. *Petr.* Phos. ac. Plumb. met.
Puls. RHUS TOX. Samb. Sep. Sarsap. Sec. *Sil.* Spig.
STAPH. Stram. SULPH. Tarax. TART. E. Thuj. Verat.
alb. Zinc. met.

PUSTULES, ACUMINATED. Dule. Thuj.

PUSTULES, BLACK. Bry. Mur. ac. Nat. c. Rhus tox.
Tart. e.

PUSTULES, BLEEDING and brown. Tart. e.

PUSTULES, CONFLUENT. CIC. *Merc.* Tart. e.

PUSTULES, DRY. Eryng. *Merc. sol.*

PUSTULES, GREASY. Kreas.

PUSTULES, HARD. Anac. Ant. crud. Crotal. hor.

PUSTULES, INFLAMED. Rhus tox. Stram.

PUSTULES, like scabies. Clem. Grat. Magn. arc.
Phos. ac.

PUSTULES, POCK-LIKE. Ant. crud. Hydroc. Hyosc.
Kreas. Mur. ac. Tart. e. Thuj.

PUSTULES pale red, rose-colored. Ars. Dule.

PUSTULES, RED. Anac. Ars. Berb. Caust. CIC.
Cimicif. Crotal hor. Crot. tig. Graph. Hydroc. Hy-
droc. ac. Kali c. Mez. *Nitr. ac.* Tart. e.

PUSTULES with red areola. Anac. Borax. Nitr. ac.
Nux mos. Paris. Tart. e. Thuj.

PUSTULES, SCURFY. Ant. crud. Bov. Crot. tig. Dule. Merc. sol. Tart. e.

PUSTULES, SMALL. Eryng. Hydroc. Kali hyd. Kali nit. Puls. Tart. e.

PUSTULES, ULCERATED. Ars. Dule. Magn. mur. Merc. sol. Nat. c. Sarsap. Sil. Tart. e.

PUSTULES discharge water. Kali hyd. Rhus tox. Stram.

PUSTULES, WHITE, papular. Cimicif. Copaiv. Cycl.

PUSTULES on scalp. Arn. Ars. Bov. Gran. Kali c. Mur. ac. Nux v. Puls. Rhus tox. Sil. Sulph.

PUSTULES on nose. Amm. c. Anac. Arn. Bell. Bov. Clem. Cocc. Euphr. Mang. Nat. c. Nitr. ac. Petr. Plumb. met. Tarax.

PUSTULES on face. Amm. c. Amm. mur. Anac. ANT. CRUD. Ars. Asclep. tuber. Aur. fol. BELL. Bov. Calc. phos. Carbo an. Caust. Cic. Cimicif. Clem. Cocc. Coloc. Crot. tig. Dros. Grat. Hyosc. Kali c. Kali hyd. Kali nit. Magn. c. Magn. mur. Magn. sulph. Merc. sol. Nitr. ac. Paris. Phos. Rhus rad. RHUS TOX. Sarsap. Tarax. Verat. alb.

PUSTULES about lips and mouth. Amm. c. Bar. c. Berb. Carbo veg. Lach. Magn. arc. Mur. ac. Nux v. Paris. Samb. Sep. Tarax. Thuj. Zinc. met.

PUSTULES on chin. Bell. Camph. Caust. Graph. Hyosc. Kali hyd. Mang. Merc. sol. Nitr. ac. Nux mosch. Oleand. Psor. Rhus tox. Sabin. Sarsap. Zinc. met.

PUSTULES on labia. Bryon.

PUSTULES on chest. Aur. fol. Cocc. Eryng. Graph. Hep. Hydras. Magn. mur. Psor. Sil. Stront. Tart. e.

PUSTULES on neck. Ant. crud. Aur. fol. Clem. Cimicif. Squill. Tart. e.

PUSTULES on small of back. Calc. c. Nat. c.

PUSTULES on back. Calc. c. Dule. Eryng. Nat. c. Sil.

PUSTULES on nape of neck. Bell. Nat. c. Tabac.

PUSTULES on scapulæ. Cocc. Magn. mur.

PUSTULES on arms (in general). Anac. Asclep. tuber. Bell. Kali bich. Merc. sol. Mez. *Rhodo.* Rhus tox. Sep. *Staph.* *Sulph.* Tabac.

PUSTULES on upper arm. Anac. Merc. sol.

PUSTULES on forearm. *Rhodo.* Rhus tox. *Staph.*

PUSTULES on hands. Cic. Kali bich. Rhus tox. *Sep.* Sil.

PUSTULES on fingers. Anac. Bar. c. Borax. Kali bich. Sarsap. Sanguin. Spig. Zinc. met.

PUSTULES on balls of thumbs. Cic.

PUSTULES on nates and hips. Ant. crud. Hydroc. ac. Hyosc. Phos. ac.

PUSTULES on thighs. Dulc. Grat. Mez. *Staph.* Stram. *Thuj.*

PUSTULES on legs. Asclep. tuber. *Dulc.* Mez. *Staph.* Stram. *Thuj.*

PUSTULES on and below knees. Bry. Hyosc.

PUSTULES on feet. Con. Rhus tox.

PUSTULES on heels. Nat. c.

PUSTULES on toes. Crotal. cascav. Cycl. Graph.

PUSTULES on balls of toes. Phos. ac.

PUSTULES, LARGE. Cimicif. Clem. Hyosc. Kreas. Tart. e.

PUSTULES on forehead. Granat. Mur. ac. Psor. Sil.

PUSTULES on temples. Granat. Mur. ac.

PUSTULES covered with crusts. Bell. Nitr. ac. Sulph.

PUSTULES seem filled with shot; become ulcers; contain bloody or black fluid. Tart. e.

RASH in general. ACON. Alum. AMM. c. AMM. MUR. Ant. crud. ARN. ARS. Asaf. BELL. Bov. BRY. Calad. Calc. c. Canth. Carbo veg. CAUST. CHAM. Chin. Clem. Coff. Coloc. Cupr. met. Dig. *Dulc.* Electr. *Euphras.* Galv. Gins. Graph. Hell. Hyosc. IPEC. Kali chl. Lach. Led. MERC. SOL. MEZ. Nat.

mur. *Nux v.* Op. *Phos.* PHOS. AC. *Puls.* RHUS TOX.
Ruta. Sarsap. Sec. *Selen.* Sep. Sil. Spong. *Staph.*
Stram. SULPH. TART. E. Teucr. Val. *Verat. alb.*
Viol. tr. Zinc. met.

RASH in clusters. Mez. Nat. mur. Phos. ac.

RASH, fine. Amm. mur. Con. Corn. circ. Phos. ac.
Rhus tox.

RASH, PURPLE. *Acon.* Amm. c. Bell. *Coff.*

RASH, RED. ACON. Amm. c. Ars. BELL. BRY.
Carbo veg. Caust. CHAM. Coloc. *Coff.* *Dulc.* *Euphras.*
Hyosc. *Ipec.* *Lach.* *Led.* MERC. SOL. *Phos.*
PHOS. AC. *Rhus tox.* Sep. *Staph.* Stram. SULPH.
Tart. e. Teucr.

RASH, WHITISH. Agar. Ars. Bov. *Bry.* *Ipec.*
Nux v. *Phos.* *Sulph.* VAL.

RASH on scalp. Mez. Nat. mur. Spong. Tart. e.

RASH on face. Cham. Con. *Euphras.* *Ipec.* Kali
brom. Sulph. *Verat. alb.* Tabac.

RASH on genitals. Bry. *Dulc.* Rhus tox.

RASH on chest. Amm. c. *Bry.* Calad. Corn. circ.
Cupr. met. Galv. *Lach.* LED. Merc. sol. *Sil.* *Staph.*
Stram. Sulph. Tart. e.

RASH on neck. Amm. c. Bry. Galv.

RASH on nape of neck. Ant. crud. Bry. Caust.
Mez. Sec.

RASH on back. Con. Merc. sol. Mez. Stram.

RASH on scapulæ. Ant. crud. Caust.

RASH on arm. Ant. crud. Bry. Mez. Rheum.
Tart. e.

RASH on forearm. Amm. c. Bry. Calad. Merc. sol.
Mez. Rheum. Selen. Tart. e.

RASH on hands. Bry. Cupr. met. Dig. *Led.*

RASH on thighs. Bry. Caust. Galv. Merc. sol. Mez.
Nat. mur. *Nux v.* Oleum an. Osmium. SULPH.

RASH on knees. *Nux v.* Zinc. met.

RASH on legs. Calc. c. *Hyosc.* *Nat. mur.* Sil.

REDNESS of skin in general. ACON. AGAR. Agn. Amm.c. Anthr. Ant.crud. ARN. ARS. Asaf. *Bell.* Berb. Boy. BRY. Calc. c. Camph. *Canth.* Carbo veg. Caust. CHAM. *Chin.* Cina. Clem. Cocc. Con. Crotal.hor. Crot.tig. Cycl. DULC. Electr. Euphorb. Ferr. met. GRAPH. HEP. Hydroc. ac. Hyosc. Ign. Ipec. Iod. Kali c. Kali chl. Kreas. Lach. Led. LYC. Magn. c. Magn.mur. *Mang.* MERC.SOL. Mez. Nat.mur. NUX v. Oleand. Op. Petr. *Phos.* PHOS. ac. Plumb. met. PULS. Ranunc. scel. RHODO. RHUS TOX. *Ruta.* Sabad. Sarsap. *Sec.* SEP. Sil. Spig. Spong. Squill. Stann. *Stram.* SULPH. SULPH. AC. Tarax. Tax. Teucr. Val. Vinc. min. Vip. red. Vip. torv.

RIDGES in general. *Ars.* BELL. Calc. c. *Carbo veg.* Euphorb. HEP. LYC. Magn. c. Phos. *Phos. ac.* *Rhus tox.* *Sabad.* *Stram.*

RIDGES, BROWN. *Ars.* Carbo veg.

RIDGES, RED. BELL. Calc. c. *Carbo veg.* Euphorb. HEP. Phos. *Phos. ac.* Rhus tox. Sabad.

ROUGHNESS of skin in general. *Bell.* CALC. c. Graph. *Iod.* Kali c. Lauro. Merc. sol. Nat. c. Oleand. Phos. Phos. ac. *Rhus tox.* *Ruta.* Sarsap. SEP. Sulph.

"SALT RHEUM," ulcerated, in general. Amb. *ARS.* Calc. c. *Chin.* *Graph.* *Lyc.* Merc. sol. Petr. Phos. *Puls.* Sep. *Sil.* *Staph.* Sulph.

SCABIES, DRY. Bry. Carbo veg. Merc. sol. Sep.

SCABIES, MOIST. Carbo veg. Merc. sol.

SCABIES, PUSTULAR. *Ars.* Hep. Tart. e.

SCABIES, RED. Bry. Merc. sol.

SCABIES on the extremities. *Ars.* Bry. Carbo veg. Merc. sol. Tart. e.

SCABIES in bend of elbow. Bry. Merc. sol.

SCABIES in bend of knee. *Ars.* Bry. Merc. sol.

SCABIES on wrist. Bry. Tart. e.

SCALD HEAD, moist. Cic. Lappa maj. Mez. SEP. Staph.

SCALD HEAD, thick white or gray-white crusts; eruption extends to face. Cic. Dule. Lappa maj.

SCALD HEAD, thick yellow scales, and fetor. Staph.

SCALD HEAD in form of a ringworm, with yellow pus. Calc. c.

SCARLATINA, tardy eruption. Phytol. Verat. alb.

SCARLATINA, suppressed. Phos. Phos. ac.

SCARLATINA, eruption dark. Hydras. Rhus tox.

SCURIS or crusts in general. ALUM. Amb. *Amm. c.* *Amm. mur.* ANT. CRUD. ARS. Asaf. *Aur. fol.* *Aur. mur.* BAR. c. BELL. Bov. Bry. CALC. c. Caps. *Carbo an.* *Carbo veg.* Cham. Chel. Chin. sulph. Cic. CLEM. *Coloc.* Con. Crot. tig. Dule. Electr. GRAPH. HELL. HEP. Ign. Kali c. Kreas. LACH. Led. LYC. Magn. c. MERC. SOL. Mez. Mur. ac. NAT. MUR. Nitr. ac. NUX v. OLEAND. Paris. Petr. Phos. Phos. ac. Plumb. met. Puls. Ranunc. rep. RHUS TOX. Ruta. *Sabad.* Sabin. SARSAP. Sep. SIL. Spong. Squill. STAPH. SULPH. Tart. e. Thuj. Verat. alb. Viol. tr. Vip. torv. Zinc. met.

SCURFS, BLACK. Bell. Chin. sulph. Vip. torv.

SCURFS, BROWN. *Amm. c.* Ant. Berb.

SCURFS, DRY. Ars. AUR. FOL. AUR. MUR. Bar. c. Calc. c. Chin. sulph. Graph. Lach. Led. Merc. sol. *Sulph.* Thuj.

SCURFS, FETID. Graph. Lyc. Merc. sol. Plumb. met. Staph. SULPH.

SCURFS, yellowish-gray. Ars. Merc. sol. *Sulph.*

SCURFS, HORNY. Graph. Ranunc. bulb.

SCURFS, HUMID. Alum. ARS. BAR. c. CALC. c. Chin. sulph. Cic. Clem. GRAPH. HELL. HEP. LYC. MERC. SOL. Mez. Oleand. Plumb. met. Ranunc. bulb. *Rhus tox.* Ruta. Sep. Sil. STAPH. SULPH.

SCURFS, SUPPURATING. ARS. Plumb. met. Sil. SULPH.

SCURFS, YELLOW. Ant. crud. Aur. fol. Aur. mur. Cic. Iod. Kreas. Merc. sol. Mez.

SMALL-POX, eruption livid and sinks in. Ars. Camph. Rhus tox.

SPOTS, BLACK. Ars. *Crotal. hor.* Lach. *Rhus tox.* Sec. *Vip. red.*

SPOTS, BLUE. Amm. c. Anath. muric. Ant. crud. Arn. Ars. Bar. c. Berb. Borax. Con. *Crotal. hor.* FERR. MET. Lach. Led. Merc. sol. Nit. ac. Nux mosch. *Nux v.* Op. Phos. Plat. Ruta. Sulph. SULPH. AC.

SPOTS, REDDISH-BLUE. Arn. *Crotal. hor.* Elaps. cor. Lach. Phos.

SPOTS, BROWN. Ant. crud. Ars. Aur. fol. Berb. Cann. sat. *Carbo veg.* Con. *Crotal. hor.* Hyosc. Lyc. Nat. mur. *Nitr. ac.* Petr. Phos. Plumb. acet. Plumb. met. Rhus tox. SEP. Sulph. Taxus. Thuja.

SPOTS, as if burnt. Ant. crud. Ars. *Carbo veg.* Caust. Cycl. Euphorb. Hyosc. Kreas. Lach. Rhus tox. Sec. Stram.

SPOTS, CLARET-COLOR. Cocc. SEP.

SPOTS, CLUSTERED. Calc. c. Calc. caust.

SPOTS, CONFLUENT. Bell. Cic. Hyosc. Phos. ac. Val.

SPOTS, COPPER-COLOR. Corall. rub. Lach. *Nitr. ac.* Phos. Syphil.

SPOTS, DIRTY. Berb. Sabin. Sec.

SPOTS, DRY. Bar. c. Eryng. Kali hyd.

SPOTS like fleabites. Acon. Bell. Dulc. Graph. Mez. Sec. Stram. Tart. e.

SPOTS, GREEN. Ars. Con. *Crotal. hor.* Vip. torv.

SPOTS, HARD. Nux mosch. Vip. torv.

SPOTS, HEPATIC. Ant. crud. Caust. Con. Ferr. met. Hyosc. Lauro. Lyc. Merc. sol. Nat. c. *Nitr. ac.* Petr. Phos. Sep. SULPH.

SPOTS, HUMID. Ant. crud. Ars. *Carbo veg.* Hell:

A D D R E S S

BEFORE THE

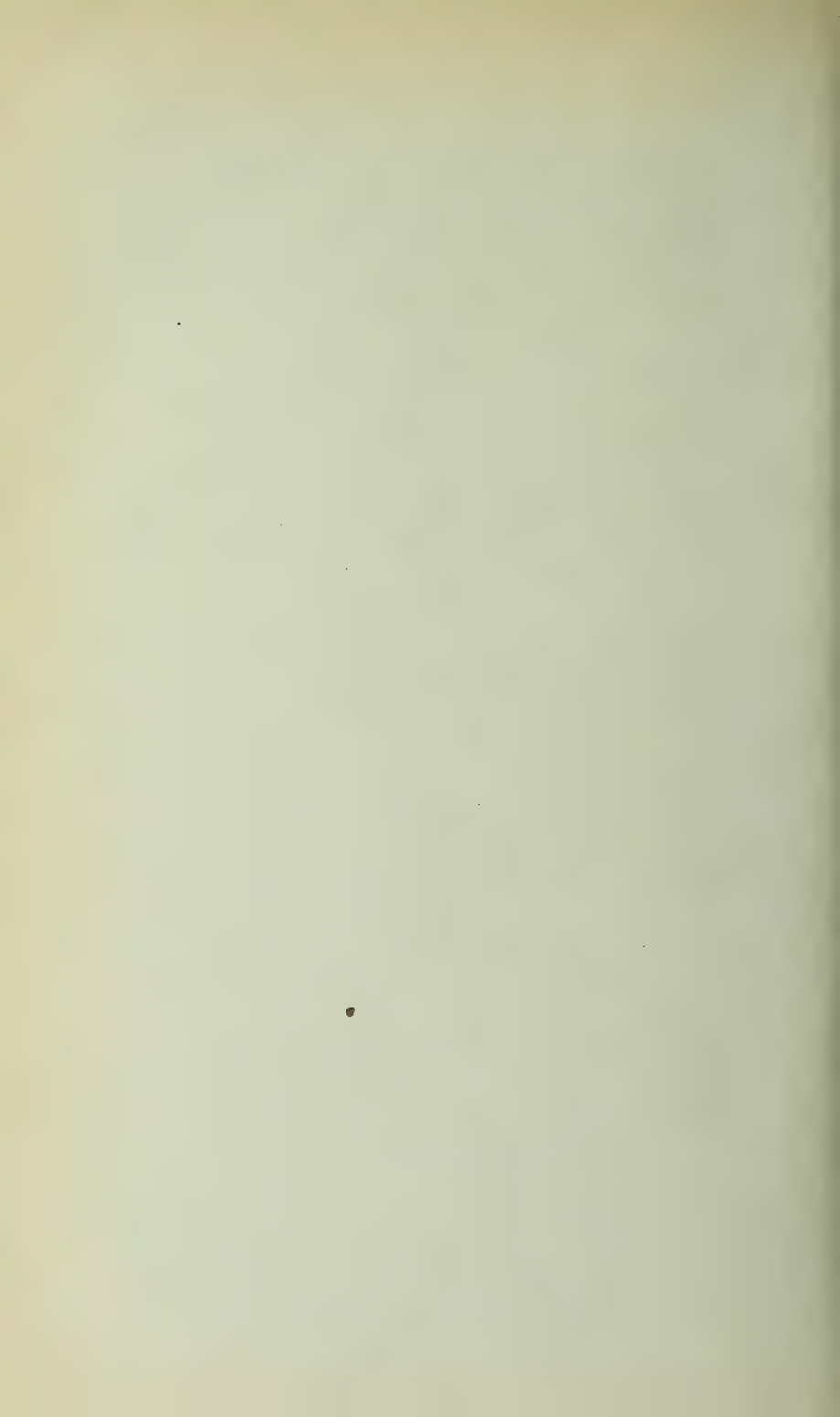
WORLD'S HOMŒOPATHIC CONVENTION

OF 1876,

By CARROLL DUNHAM, M.D., of Irvington, N. Y.,
PRESIDENT OF THE CONVENTION.

Delivered at Philadelphia, Monday, June 26th, 1876.

SHERMAN & Co., PRINTERS, PHILADELPHIA.



ADDRESS
OF
CARROLL DUNHAM, M.D.,
OF IRVINGTON, N. Y.,
TO THE
WORLD'S HOMŒOPATHIC CONVENTION
OF 1876,
ON MONDAY, JUNE 26TH, 1876.

LADIES AND GENTLEMEN: The proposition to hold a World's Homœopathic Convention was first made by the American Institute of Homœopathy, in a circular letter issued by its Committee of Foreign Correspondence in 1867. The plan of the present convention was conceived soon after the project of a formal celebration of our National Centennial took definite shape.

Many years must elapse, it is true, before the centennial of Homœopathy, which, in America, has but just celebrated her fiftieth anniversary. Yet certain analogies between the early history of Homœopathy and the event which our countrymen celebrate in Philadelphia this summer, justify the time and place of our assemblage.

The innovation upon accepted theories of society and government involved in the Declaration of Independence by our forefathers was not more radical than that which was involved in the reform introduced in medical science by Hahnemann.

Notions of prerogative by virtue of birth or of caste ; notions of governors as a race distinct from the governed ; vested rights transmitted in corporations from mediæval times ; in these things was grounded the opposition to the political reform of our fathers.

Things identical or analogous hindered, and still hinder, the advancement of Homœopathy, as the historical and statistical reports presented to this convention abundantly show.

Reforms are not favored nor furthered by governments and venerable corporations. These institutions are, from the nature of things, conservative and repressive.

Reforms of a practical nature are received first by the people ; adopted and cherished by the people ; and, if governmental acceptance be necessary, forced on the government by the people.

The history of Homœopathy shows that in countries in which the government is absolute, in which education and the exercise of the liberal professions and the arts connected therewith are under the control of self-perpetuating boards or corporations, there our colleagues have found it difficult to obtain freedom to practice, and well nigh impossible to gain liberty to teach.

In proportion as the government, whether of the realm or of corporations, being in a degree representative, stands nearer to the people to whom the reform is a matter of vital interest, do our colleagues enjoy comparative freedom to practice and to teach.

In our own land, where the liberty of the individual is limited only by the liberty of his neighbors, where order is maintained by a government "of the people, for the people, by the people," we practice and teach without hindrance ; and the advancement of Homœopathy has been rapid and solid beyond precedent, because the people have so willed it.

The coincidence, then, of this convention and the centennial of our nation has a significance. It is full of instruction and warning to us, if we would retain what we possess.

It was not to be expected that many of our foreign colleagues should make the long journey necessary to be present with us on this occasion. Some have come, however ; and we welcome most heartily our distinguished confrères, already known to us by

their works and their fame, who represent the homœopathists of Europe and South America.

But although comparatively few could be with us in person, our colleagues in every land have responded heartily to our invitation by reports and scientific papers, which, together with those contributed by our fellow-citizens, will furnish the topics of our discussions.

Moreover, by official and personal letters, they have manifested their good-will and sympathy in the inception and work of the convention. Such letters as are addressed to the convention are herewith submitted; and since some of them contain suggestions for action on the part of the convention, I request that they be referred to a Committee on Correspondence, with instructions to report with recommendations.

Among these communications is one from the venerable widow of the illustrious founder of our school, who now, at an advanced age, impoverished by the calamities of war, extends her greetings to the homœopathists of the world here represented. In token of her sympathy, she sends to the convention, with an ulterior destination in the discretion of the President, this bronzed bust of Hahnemann, cast from the marble bust by David D'Anger, and which she affirms to be a perfect likeness of that illustrious man.

Our colleague, Dr. Rubini, of Naples, in a letter to the convention, calls attention to his peculiar views of the treatment of epidemic cholera, which he supports by remarkably favorable statistics. As a mark of respect for the convention, he has sent to the President autograph letters of Hahnemann.

Our colleagues of the United States of Colombia, in South America, inspirited by the energy and prosperity of the American Institute of Homœopathy, have not only revived their National Institute, which, in consequence of political disturbances, had slept for several years, but they have organized in Bogota a homœopathic school, which they have done us the honor to designate as a "branch of the American Institute of Homœopathy." These institutions request us to enter into intimate scientific relations with them in matters connected with the

cultivation of our *Materia Medica*; and they make suggestions to this convention, which appear in the letters herewith submitted.

Several other societies and individuals send communications which, if you please, will be reported in detail by the committee.

The historical and statistical reports presented to the convention, and which though of exceeding interest are altogether too long to be read during our sessions, comprise the history and statistics of our school in every country of Europe; in India, in South America, where, in Brazil, a national institute and college were established one year before our own; in North and South Africa; in Australia, and in New Zealand. We may say, with almost absolute accuracy, that in none of these countries save Germany was there fifty-five years ago a single homœopathic physician. Now, it is safe to say, that Germany, France, England, and Italy have each about 300, Spain and her colonies between 500 and 600, Brazil about 200, Russia about 150; and in each of these countries, we are told, the demand for homœopathic practitioners is so great that, if instruction were free to our colleagues, and no hindrances were placed in the way of students of homœopathic medicine, the increase in our numbers would be very rapid. Dispensaries and hospitals exist and are increasing in numbers and patronage. Measures are being set on foot for the education of young physicians in the principles and practice of Homœopathy, and the confidence of the public is won by our practical success.

In our own country, the reports of the several States give an aggregate number of above 5000 homœopathic physicians. We have many dispensaries and hospitals supported by private charity; seven colleges, exclusively homœopathic, enjoying equal privileges with any other medical colleges in the country; and two State universities and several State hospitals, in which, despite the opposition of our brothers of the old school, the people who support these institutions have decreed us places in the faculty and on the staff.

Most schools of medicine have perished with their founders, or a little before them. Thirty-three years have passed since the founder of our school entered into his well-earned rest. Our

growth in numbers and influence has been steady, and never so rapid as within the last decade.

The time at my disposal would not permit an analysis of the system which presents so remarkable a history. I crave permission, however, to devote a few moments to some of the relations of Homœopathy to the medical science of Hahnemann's day and to the medical sciences of our own day.

Homœopathy, in its complete form, was introduced to the public in 1810, by the publication of the *Organon of the Rational Art of Healing*, a work which, it seems to me, has hardly been fully understood or appreciated even by the majority of Hahnemann's enthusiastic admirers—a work which, far from consigning to the shelves as a classic, venerated but seldom read, and not looked on as authority in practical matters—I should place, for frequent perusal and as a trusted guide, in the hands, not perhaps of the student, but of the educated earnest practitioner.

Condensed in style to the exclusion of every superfluous word, this work is not a system of medical science, but, as its title signifies, a treatise on the practical art of healing, with only so much of theoretical discussion as seemed necessary to make the meaning clear, with only so much allusion to other departments of medical science as seemed necessary to show their insufficiency for the needs of the practical physician, or to show the errors of philosophy and method through which they failed to accomplish the true end and object of all medical sciences, a speedy, safe, and pleasant mode of cure.

Should we heed some self-appointed champions of Hahnemann, we might suppose that this illustrious physician denounced all medical science save that which he especially taught, and discouraged its acquisition by his followers.

Were this indeed so, the reproach of our adversaries might have some foundation: that Homœopathy is a system which a layman might practice as well as a doctor. Again, if we listen to these brethren who seem to arrogate a special knowledge of Hahnemann and of Homœopathy, we might suppose that Hahnemann proclaimed his *Organon* and later works to be the alpha and omega of medical science, rendering all other medical knowl-

edge superfluous. Very far is either of these propositions from the truth. Hahnemann as a physician was distinguished by profound learning and the broadest medical culture of his times. His writings are full of this learning. His extensive reading in every language in which medical men had written, enabled him to make those citations which, in the *Organon*, so irrefutably prove his positions, and in the *Materia Medica* enrich his pathogeneses. The spirit of the medical science of his day permeates his *Organon*. It is not too much to say, that without this great fund of medical knowledge he could not have given us the magnificent argument of the *Organon*, nor the practical instrument of the *Materia Medica*. Now, seeing from the commanding eminence which he occupied, as a master in medicine, how barren of practical good was the medical science of the day, he was not so illogical and unjust as to denounce that which gave him this broad vision and the benevolent hope that came with it. He did perceive that all the efforts of scientific men had failed to realize what is, after all, the great practical end of all effort in this direction, viz., a true science and successful art of therapeutics. And he perceived and clearly showed that this failure resulted from an erroneous method of seeking for facts and reasoning from them; in a word from misdirected observation and a mistaken philosophy. He proceeded accordingly to use the facts of which his acquaintance with medical science had possessed him, to demonstrate the new science of therapeutics which he unfolded, and to make new observations in accordance with what he deemed a correct philosophy.

But he never declared the ladder superfluous by which he had climbed, nor denounced the bridge which had carried him safely over his perplexities! The *Organon* is strictly what its name signifies—an instrument of the rational art of healing—an exposition of therapeutics or that branch of medical science which concerns itself with healing disease by means of drugs, and its author assumed that those who would use it would be men already versed in medical science. In four of the terse and weighty sentences which characterize this book,* Hahnemann

* Paragraph 5 and the note.

takes it for granted, "as a matter of course," that "every sensible physician," before applying the art of healing which he is unfolding, will first make certain investigations and take certain steps, which investigations and steps really comprehend what we now comprise under the heads of etiology, semiology, diagnosis and hygienic management. I need not say to this learned body that he who can investigate these points satisfactorily, and take these measures judiciously, must be well versed in medical science. With this single assumption that his follower would, as he needs must, be familiar with general medical science, Hahnemann dismissed all considerations of anything save *therapeutics*; and he proceeded to show the errors of this department of medicine as it then existed. He showed that the indications for treatment were based on hypothetical assumption of the essential nature of the disease—a matter which is of necessity unknown, it being but a modification of the eternal mystery, Life. He showed that the uses of drugs were deduced from hypotheses concerning their intimate action; and this not on a constant but a variable object, viz., the diseased organism. It was *this unstable foundation of hypothesis in therapeutics* which Hahnemann denounced, and for which he was the first to substitute the "positive philosophy" based on pure experiment and exact observation, which is now universally accepted in the physical sciences, the therapeutics of the old school alone excepted.

In the exposition of his new philosophy Hahnemann provided for an investigation of the patient of which hypothesis should form no part of the foundation, by affirming that, for the practical needs of the healer of the sick, the aggregate of the symptoms constitutes the "principal and only condition to be recognized and removed by his art." The semiologist may speculate, if he will, on the ulterior cause or the essential nature of some or all of the symptoms, but for the *practical prescriber* the symptoms themselves in their totality furnish the only precise and safe indication for treatment by drugs. He was the first to establish pharmacodynamics as an independent physical science, based on observation of the effects of drugs on a constant object, the healthy human organism. I use the term pharmacodynamics instead of *materia medica*, because this science—the subject

of which is the relation of the healthy living organism to whatever substance is capable of modifying it, the extension of which is limited only by the variety of substances capable of modifying the organism,—investigates the properties of all substances that have the power to change function or tissue, independently of any use which has been or may be made of them in the medical art. It properly, therefore, embraces, to use Professor Allen's happy phrase, "every noxious substance;" the word "noxious" meaning—not "*nasty*," as some appear to think, but—"capable of harming or injuring—that is, of modifying—healthy function or tissue." He demonstrated the law of relation between the symptoms of the sick and those produced by drugs on the healthy, by virtue of which law the right remedy might be selected for each case, provided the science of pharmacodynamics have given us a knowledge of the required drug. He proved that the power of drugs to cure disease is not in direct proportion to the quantity of the drug employed, and further that a certain mode of subdivision of the particles of the drug greatly enhances the power of the preparation to modify morbid functions and tissues.

These are the essential features of the reform in medicine, which in 1810 was represented by Hahnemann. In 1876, this representative body, speaking for thousands of practitioners, and millions of grateful adherents in every quarter of the globe, attests its soundness and vitality.

During this period, our brethren of the old school have been most diligent in the pursuit of medical science, and we may profitably ask, what relations the departments to which they have especially devoted themselves now hold to the science which alone distinguishes us from them—Therapeutics? This question will be discussed, in various relations, during the sessions of this convention. I crave permission to say, for myself, a few words on one of them. Pathology, which hardly existed as a positive science in Hahnemann's day, has been diligently elaborated by ingenious and exact experimentation, until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it? It has been held to be the criterion of a true natural science, that new discoveries, new sciences, extend

and enrich it; unite with it in amplifying the horizon of human knowledge and power; but never contradict or supercede it, nor are even indifferent to it. This is an expression of the unity of true science. If, then, our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses any exact related physical science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease, and pathological anatomy the science of tissues as modified by disease. Using the word symptom in its largest sense, as a modification of function, or tissue, or both, pathology is, therefore, the science of symptoms. It concerns itself with the relations of symptoms to each other as individuals or classes, with the rank of different symptoms in order of time and causation, with their origin and evolution, and their relation to tissues, organs, or apparatus. To give a few examples, it deals with the relations of the symptoms of the heart and kidney respectively; of those of glycosuria and functional liver disturbance, or cerebral disorder, or gastric derangement, or dietetic error. This science of symptoms enables us to detect the dependence of symptoms upon material removable causes, such as the symptoms of syncope on a wounded blood-vessel, of intoxication on poisonous ingesta, of various disorders on injudicious modes of life, and leads us to those measures which Hahnemann supposes every "sensible physician" will resort to before he has recourse to therapeutics proper. Finally, it enables us to detect "morbid chronic miasms," as Hahnemann calls them, as the hidden "causes of chronic disease." These are a few examples from a host that might be cited.

Now, Pathology, enabling us thus to trace the relations of symptoms to each other, enables us, in the first place, to follow Hahnemann's advice more extensively than was practicable in his own day, and "discover the primary cause of a chronic disease," or "discern the exciting or maintaining cause of the disease and take measures for its removal," as Hahnemann directed us; and, by the aid of Pathology, many cases are now relegated to the domain of Hygiene, which were formerly regarded as proper subjects for drug-treatment.

In the second place, Pathology, concerning itself with the

origin and relations of modifications of functions, that is, with symptoms, enables us to procure from observation of the patient a much more complete picture of the totality of the symptoms than would be possible without its aid ; just as a systematic and intelligent survey of a museum gives us a more complete knowledge of its contents than any routine examination of it would do. Where, for example, the routine observer, getting the symptoms resulting from a diseased kidney might, from the absence of striking symptoms, fail to interrogate those of the heart, or *vice versa*, and thus fail to get the complete totality of the symptoms, the pathologist is led, by his knowledge of the close relations of these organs in disease, to investigate more closely, with results which greatly assist his selection of the remedy. Or, the routine observer *might* fail to get, in a pleurisy, more symptoms than those of a pleurodynia ; but the pathologist who knows the semblances and differences in the symptomatology of these affections, will so direct his inquiries as to bring out a totality of symptoms which should not only leave no doubt as to diagnosis, but should also point more clearly to the remedy than the others. So it appears that modern Pathology, which has been assumed to stand in direct opposition to the doctrine that for the prescriber the totality of the symptoms represents the disease he is to remove, is really the prescriber's most efficient and indispensable instrument and aid in getting at that very totality of symptoms which he is to remove by a corresponding drug. Used in this way, as an aid in the methodical investigation of the symptoms, both of disease and of remedies, Pathology, imperfect as it is, is of inestimable value to the homœopathist. And, taking this view of the subject, I do not hesitate to say that the strict Hahnemannian, if, with complete medical culture, he investigate and treat his case in the spirit of Hahnemann's doctrine, is the best and profoundest pathologist.

But if, diverting Pathology from this, its legitimate function, the homœopathist construct by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, as that the one or the other depend on a plus or minus of some blood constituent, or on such or such a cell change, or on such or such a structural lesion, and if he draws his indications for

treatment from such a theory, he introduces into his therapeutics the same element of *hypothesis* against which Hahnemann protested, and in so doing he diverges from Homœopathy towards the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be—when he prescribes on the basis of a pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he necessarily prescribes for a *class*, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state of Pathology, which has no way of accounting for the firm subjective symptoms that are so valuable to the individualizer.

To say more on this point would be to trespass on your patience and on the ground of to-morrow's discussion.

When Hahnemann promulgated his reform it was received with universal derision by the profession. What is the present attitude of our opponents towards its fundamental propositions?

First. That, for the practical physician, the aggregate of the symptoms constitutes the disease. Aitken says: "It is now a received pathological doctrine that disease does not consist in any single state or special existence, but is the *natural expression of a COMBINATION of PHENOMENA* arising out of *impaired function or altered tissue*" (1.6). This is equivalent to Hahnemann's proposition.

Second. That the only valid source of positive knowledge of the action of drugs is to be found in observations on the healthy organism is now widely conceded, and the physiological laboratories of the old-school issue every year elaborate drug provings which, though defective in points that we deem essential, are, I think, of great value to us.

Third. Touching the law of cure, *Similia similibus curantur*, to show the absurdity of which so much logic and wit have been expended by our opponents, the latest utterance of the old school is the following by Dr. L. Brunton, the well-known English physiologist: "The opposite action of large and small doses seems to be the basis of truth on which the doctrine of Homœopathy

has been founded. The irrational practice of giving infinitesimal doses has, of course, nothing to do with the principle of Homœopathy, *Similia similibus curantur*. The only requisite is that mentioned by Hippocrates when he recommended Mandrake in mania, viz., that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease. . . . But it is not proved that all drugs have an opposite action in large or small doses, and Homœopathy, therefore, cannot be accepted as a universal rule of practice." A great concession truly!

It appears then that our opponents have come pretty nearly to our ground, except on the fourth point, that of the infinitesimal dose. Touching this point their denunciation of us has lost none of its bitterness. They claim to have demonstrated again and again that there is nothing in our potentized preparations. The reasoning of Thomson touching the size of molecules furnishes them with a welcome argument against the possibility of any drug potency existing in even our medium attenuations. And these arguments have strongly influenced many of our own school whose personal experience and observation had not compelled opposite convictions. But let me say that proofs of a *negative* in any matter which can be determined only by experiment, are very fallacious, and a dangerous dependence. I do not despair of seeing before many years, from some old-school authority or some non-medical investigator, a demonstration of the medicinal power of homœopathic potencies; and I warn such of my colleagues as have been influenced by the arguments of our opponents, against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving homœopathists shall be presented, by experimenting allopaths, a demonstration of the drug-power inherent in homœopathic attenuations. An incident touching on the history of our Materia Medica is very suggestive in this connection. When the Nestor of Homœopathy,* whose jubilee we celebrated here last March, and whom God spares to gladden our hearts to-day by his presence, undertook those studies of serpent venom which have brought such honor to his name, and such benefit to suffering humanity, he added to

* Dr. Constantine Hering.

the effects observed from swallowing infinitesimal quantities of the venom, the effects produced by large quantities introduced into the system by a snake-bite, regarding the latter as complementary to the former, and both as portions of a graduated scale of homologous effects. But many of our own school could not admit an analogy between the effects of small internal doses and of the bite. The chemists proved that saliva, or gastric juice, or alcohol render venom innocuous. Finally, it was "proved to demonstration," in this city and in India, that serpent venom introduced into the stomach could *not* act. This demonstration of a negative was accepted by many of our own school, by whom the serpent venoms were accordingly discarded as inert. Soon, however, Hermann, the physiologist, giving Curare to a rabbit whose renal arteries were tied, found death occur, and from as small a dose introduced into the stomach as would have proved fatal if introduced beneath the skin. This suggested the idea that the apparent inertness of venom in the stomach results from its slow absorption and rapid elimination which prevent its reaching the centres on which it acts. And lately Fayrer and Brunton, studying serpent venom under the auspices of the British government, have satisfied themselves, and unequivocally affirm that venom introduced into the stomach affects the system more slowly and gently, and therefore with a greater variety of symptoms, but in essentially the same way, and with a tendency to the same results as when introduced into the blood by a bite. Thus is the negative demonstration overthrown, and the correctness of our veteran colleague's induction most happily established. But in what a position do these facts leave those of our school who, disregarding the provings of trustworthy members of their own school, disregarding and not willing to verify the *a posteriori* evidence of cures in great numbers, cast out from their Materia Medica Lachesis, Crotalus, and Naja on the negative demonstration of an old-school physiologist! In the same position many will stand, I think, when ingenious experiment on molecular energy shall lead a Tyndal or a Crookes to a demonstration of the power of potentized medicaments.

Such is the position of advanced thinkers of the dominant school touching the cardinal points of the doctrine held by those

who are known as homœopaths, a name which, inasmuch as it still expresses radical differences in scientific belief and a vital difference to the patient in the modes of practice which it involves, I, for one, am not disposed to relinquish. When there shall cease to be *fundamental* differences in *faith* and *practice* among medical men, there will be no further occasion for distinctive appellations.

Ladies and gentlemen! From the tiny spark kindled in Hahnemann's little house at Leipzig, Homœopathy has become this great beacon, illuminating every quarter of the earth; from the solitary promulgator of the reform in Germany, her advocates have become the host here represented, and this by virtue of the fact that every physician who investigated and was convinced exercised his inborn right to liberty of judgment. From her tiny beginnings, in 1810, Homœopathy has come to have to-day her thousands of practitioners and her millions of adherents, not so much by virtue of the special cogency of the reasoning by which her claims were supported, as through the visible and perceptible effects of her practice upon the sick. This practical argument has a just weight with the people, and in proportion to liberty of thought and action among people and practitioners has been the rapidity of her growth. In this propaganda each practitioner was most efficient in the diligent, faithful, solitary performance of his round of duty. In caring for his business and his own interests, he was most effectually spreading a knowledge of the doctrines he professed.

The present epoch calls us to other labors. The duty of service in public hospitals and charities, from which we have hitherto been exempt, is now falling on us by reason of our numbers. The responsibility of medical instruction has always rested on physicians as experts. In other countries where the restrictions of governmental boards and the privileges of corporations so sadly hinder freedom of action on the part of our colleagues, and of opinion on the part of students who would investigate our method and join us if they had opportunity and dared, it would seem incumbent on our confrères to avail themselves of some way, however provisional and incomplete, to diffuse among the profession and instil into the young a knowledge of the truth we

cherish. And it is a satisfaction to believe that the fact of this convention has proved, if not an incentive, yet a great encouragement to such effort in more than one European country. In our own land, where we have long had schools of our own established by our colleagues and their clients, the people are beginning to call on us for instructors in the universities which they have founded.

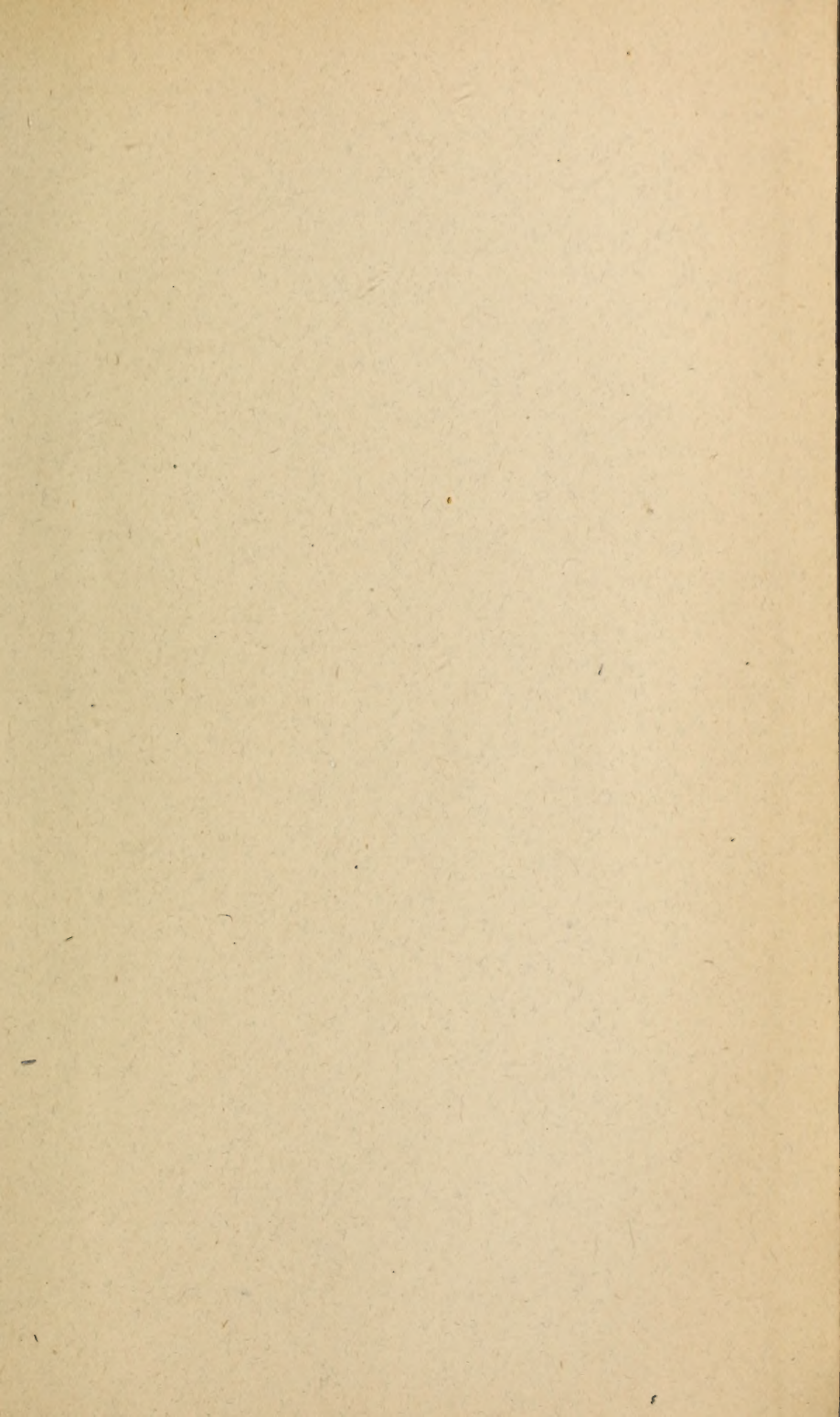
We must be prepared to meet these calls and to fulfil all these duties. They require certain qualities in addition to those which suffice for the isolated practitioner: capacity to work with others; patience to bear and forbear; perseverance to labor persistently for what we believe to be right, and submit patiently until the right can be realized; magnanimity to prefer the good of the whole to the triumph of our own; in a word, we need to substitute *esprit de corps* for *esprit de soi-meme*. Surely Milton was right when he said: "A little generous prudence, a little forbearance of one another, and some grain of charity might win all our diligences to join and unite in one general and brotherly search after Truth."

Nor should this cultivation of a faculty for associated labor be confined by the boundaries of any single nation. The "world is our field;" and this convention shows that we may profitably and effectively unite our efforts with those of our most distant colleagues for the development and advancement of the science of Therapeutics.

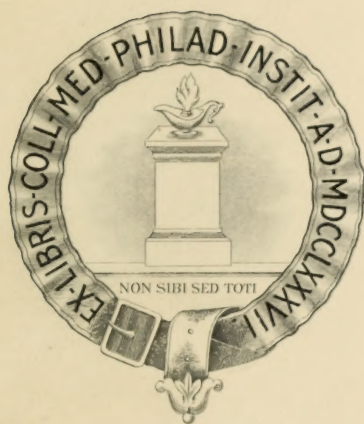
The remaining sessions of this convention will be devoted to scientific discussion, free, I sincerely hope, from uncharitable reflections on those of our profession who do not believe as we do.

The subjects of discussion include some on which we differ widely, and some of us feel deeply. May I bespeak the largest tolerance for differences of opinion, and the completest freedom of expression. Thus only shall any of us get at Truth. For I firmly hold, with Milton, that

"Though all the winds of doctrine were let loose to play upon the earth, so Truth be in the field, we do injuriously to misdoubt her strength. Let her and Falschood grapple; who ever knew Truth put to the worst in a free and open encounter?"



48217



Class _____ *No* _____

IN EXCHANGE.

250

